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ABSTRACT

Presented are the findings of a research study designed to assess the effect on 200 children (5-21 years old) of being in long-term agency care. In part I, a survey of work in the child welfare field is noted to point out the gaps in knowledge and relatively poor progress of many children during the time they were in care. Described in part II is the way in which children were selected for the study and how their progress was measured using case records. Part III is divided into three sections: section 1 presents findings on the children's social and academic process; section 2 deals with the conditions leading to family breakdown and the handling of separation by the parents and by the agency; and considered in section 3 are the child's continuing relationship with his natural family, experiences in placement, identifications with foster families, and the role of the social worker. Part IV focuses on the pre-care and in-care conditions which seem to be associated with good progress in the child. Among the recommendations discussed in part V are that the agency determine the child's suitability to foster care before admission, that a long-term approach to children who are not good candidates for agency wardship focus on the natural family rather than substitute care, and that a continuous staff development program be established in child care agencies. Appended materials include a list of conditions for inclusion of cases, definitions for pre- and in-care factors, and sample survey forms. (SBH)

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CHILDREN IN LONG-TERM CARE-- THEIR EXPERIENCES AND PROGRESS

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by

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PREFACE

The research study described herein is an attempt to assess the effect on children of being in long-term agency care. Some tools of measurement were devised whereby the progress of children could be measured from the time when they first came into care to the period just before their discharge.

Their progress was correlated with various characteristics of the children, the conditions of their lives before coming into care and the conditions provided by the agency. Some suggestions have been made from the findings about characteristics and conditions which seem to be associated with good progress.

Part I: Introduction is a survey of the work already done in the child welfare field on the above questions, pointing out the gaps in knowledge and the relatively poor progress of many children during the time they were in care.

Part II: Methodology describes the way in which the children were selected for the study and how their progress was measured. It also deals with the use of case records and why they were appropriate for this study.

Part III, Section I: The Progress of Children in Care presents the findings on the children's social and academic progress. The extent of their social and academic problems is described and the change in these from the beginning to the end of their time in care. This progress is

then related to characteristics known about them at the time they came into care and to their family experiences prior to admission.

Part III, Section II: Separation deals with the separation of the child from his natural family. The conditions leading to family breakdown are described and a distinction is made between inadequate care of children and parental attitudes leading to admission. The interrelatedness of various conditions leading to separation is discussed and some conditions which are indicators for placement are suggested.

This section also described the handling of separation, first by the parents at the time of admission and later by the agency. The apparent inadequacies of casework practice are pointed out and possible reasons suggested for these inadequacies.

Part III, Section III: The Child's Placement Experiences describes the conditions of the child's life in care. The continuing relationship with his natural family is also discussed and some suggestions are made about reasons for lack of contact. Some attention is given to the relative progress of children when family contact is present or absent.

The child's experiences in care such as changes in placement and in workers are also described. Possible reasons for placement breakdown are suggested by the conditions most often associated with a high number of replacements. Also considered is the relative progress of children according to number of placements.

Identifications formed with foster families are examined from the point of view of the extent to which this identification occurs and other

conditions which may affect such identification, including the possible effect of natural family identifications.

The role of the social worker with the child in long-term care is also considered, with specific attention to the workers' training and the turnover of workers experienced by children.

Part IV: Conclusions is a presentation of the conclusions derived from the above findings, focussing on the pre-care conditions which seem to be associated with good progress of the child in care and on the in-care conditions which were found in conjunction with good progress.

Part V: Implications for Agency Programs presents some ideas for agency programs which are suggested by the findings presented above.

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CHILDREN IN LONG-TERM CARE--
THEIR EXPERIENCES AND PROGRESS

PART I - INTRODUCTION

Lack of Research

Social workers in child welfare become involved in crucial decisions about the lives of the children on their caseload. Probably the most important of these is the decision to separate a child from his natural family. This may have any one of a number of outcomes, such as eventual return home or adoption; but a significant number of children who come into agency care remain there until they reach adulthood. This is the least satisfactory outcome from the agency's point of view: priority is given to the strengthening of the family so that the children can be replaced with them; if this proves impossible, a permanent adoptive home is seen as the desired goal.

Nevertheless, social workers must consider the risk that the child coming into agency care may spend the rest of his childhood there. For this reason, they are acutely aware of the lack of a tested body of research about the progress of children who have been separated from their families. This lack has been noted by both practitioners and researchers in the child welfare field. Practitioners have made a strong demand for hallmarks or predictive criteria that would indicate whether separating of a child from his family would be an appropriate treatment measure.[1] Writers surveying the field have noted the need for further development of diagnostic differentials regarding those children who can benefit and those who would be further damaged by separation from their parents.[2]

This lack of criteria has been recognized as one of the most significant gaps in child welfare research. Studies on the separation of children from their parents have been concerned almost exclusively with infants and with adoption[3] and research on decision-making has been limited to choice of placement and methods of replacing children.[4] There is virtually no information on the decision to take children into care which might indicate the circumstances under which this could be expected to be beneficial or detrimental.[5] The general criticism of child welfare research -- that it fails to take account of what has gone before and leaves us with fragments of information which do not fit in anywhere --[6] certainly applies to the very limited information now available in this crucial area. The limitations are particularly notable in Canada, where a government document commented on "the pressing need for extensive research into many child care practices.[7]

Child Welfare is also failing to benefit from the experience accumulated by long-time practitioners. The need has been expressed for practitioner-researchers like the clinical investigators in medicine,[8] but at present, those who are closest to the child seem to leave it to others to do the research.

The Present State of Practice

The effect of this absence of research information on children in long-term care has been detrimental to the practice of child welfare agencies and the courts which legitimize their decisions. In the absence of guidelines about whether a child is likely to benefit or suffer from a separation,

social workers and judges often have to resort to intuition. Experience should be helpful in making future decisions, but in fact this is seldom the case because social workers and judges rarely see the end results for the child who remains in long-term care.

The difficulty of making a wardship decision has been noted by the courts, who must take final responsibility for this. A Connecticut judge has been quoted as saying that the legal borders of neglect are far from clear, even when goodwill and considerable competence are brought to a decision.[9] Social workers have accused the courts of arbitrariness due to the lack of commonly accepted standards among judges.[10]

Similar problems exist for the child welfare agencies. In the absence of guidelines about bringing children into care, other influences move in to fill the vacuum -- local tradition, the attitudes of the responsible officials, and community attitudes toward minority groups whose child-rearing practices differ from those of the larger community. Influences such as these may mean that the removal of a child from his parents is based primarily on previous practice, on the subjective opinions of social workers, or on the emotional reactions of others in the community to "neglectful" parents. On this last point, it has been said that such parents incur the wrath of their communities which feel that they do not deserve their children. Envisioned is an ideal foster home where the child can gain weight and "have the nits taken out of his hair."[11]

In considering the current practices of agencies and courts, the seriousness of decisions to separate children from their parents should

be emphasized. For the child who remains in long-term care, it may have been the initial decision that was the crucial one. It has been pointed out that temporary and emergency placements often start irreversible processes.[12] In many cases contact between the parents and the agency tends to drop off quite rapidly after a child comes into care. One reason suggested for this it that the parents' sense of despair causes them to turn away from their children at the time of placement.[13] Some parents have expressed helplessness about the placement, saying that the agency discriminated against them.[14] For whatever reason, the reaction of many parents whose children come into care suggests that their sense of responsibility has been thereby diminished.

In addition to what may be the far-reaching implications of a first placement, there is also evidence that long-term care carries a heavy risk of poor progress for the child. The serious and extensive problems of children in long-term foster care have been well documented.[15,16,17] The literature describes common symptons of emotional disturbance such as soiling, chronic head-banging, excessive masturbation, speech problems, destructive behaviour, and withdrawal. Some studies have associated delinquent behaviour in foster children and criminal activity in adults with separation from their natural families.[18,19,20]

Another risk in long-term care is the instability of foster placements. In Ontario, the average number of homes experienced by children in permanent agency care in the 1960's was four per child.[21]

Social workers are involved in decisions which may result in long-term agency care for children; they need and want predictive criteria to indicate how these children will progress; but research findings at

present are not meeting this need. Courts and agencies are left to make decisions without adequate guidelines -- decisions which may diminish parental responsibility to the point where family breakdown is irreversible; and there is evidence to suggest that long-term care may have discouraging results.

As the foregoing suggests, the present state of child welfare practice involving the admission of children to long-term care reflects the lack of research knowledge. With the courts and agencies subject to arbitrariness and vulnerable to pressures based on emotion, with the possible seriousness of the initial decision to separate a child from his natural family and with the risks of long-term placement, it would appear extremely important to add to our existing knowledge of predictors relating to the progress of children in long-term care.

The present research project was planned to examine the progress of children in long-term care with a view to re-evaluating areas of existing knowledge and to look for new associations between the progress they made and their experiences before and during care. In the main, the study was seen as exploratory, rather than an attempt to provide final answers.

Review of the Literature

The following is a resume of the present state of knowledge about the progress of children in care related to conditions which were thought to influence them, either prior to admission or during care. Knowledge about the conditions which exist prior to admission can be used by the social worker in making the decision about separation; the knowledge about progress related to treatment in care can be a guide in planning such aspects as placement, worker changes, and visiting.

Pre-Admission Factors and Outcome of Care: The pre-care conditions which have been studied relate to age at placement, sex, and personality of the child, as well as characteristics of the natural family. In relation to age, children who are older at the time they come into care have generally been found to do better than those who are younger.[22, 23, Very young infants seem to be the exception to this general rule.[24]

Sex as a predictor of progress in separation has been tested with varying results. One study found more girls than boys with unsatisfactory outcomes[25] while another suggested that girls did better in adulthood.[26] There has been little work done on personality differences as a predictor of outcome. A personality quality described as "inborn tolerance for frustration" has been suggested as important to outcome; but the theory has bever been tested.[27] A study of a small group of children associated intelligence, physical and emotional health[28] prior to agency care ("pre-admission developmental potential") with outcome. It concluded that children whose "preadmission developmental potential" was poor were not likely to realize even the limited potential they had, in contrast to those who had more strengths at the outset.[29]

Some characteristics of the child's natural family have been associated with poor outcome:[30] these are unsettled marital status (marriage breakdown or common-law union); pathological behaviour (drinking, mental disorder, criminal record); rejection or desertion of children, as opposed to planned placement. Children who have had good relationships with their parents before separation have usually done better in care than those with poor relationships.[31] There are two exceptions, both related to threats to physical survival: infants were found to show less overt disturbance upon separation if they had poor relationships with their mothers;[32] children who had been abused by their parents related well to people outside their family.[33]

In-Care Factors and Outcome of Care: There has been more investigation done in relation to the treatment received by a child in care. This is also an area in which practitioners usually have opinions arising from intuition or experience. An examination of the literature suggests that some conditions of placement widely supported by the social workers in child care agencies have not been found to have a predictable effect on outcome.

Relationship with the Foster Family: It has been generally accepted by practitioners that a permanent foster home is important for a child who lives apart from his natural family. Some studies have supported this belief.[34,35,36] Others have cast doubt on the idea that a long stay in one foster home is important to a child.[37,38] On the latter point, some children who stayed continuously in one foster home nevertheless broke off all contact with their foster parents when their wardships were over.[39]

These indications that children do not always find more security in a permanent foster home than in a succession of shorter placements raise some questions about the depth of the foster-child/foster parent relationship. No matter how dedicated the foster parents are, this relationship lacks the essence of a natural family tie -- the kind of immortality which a child represents for his parents.[40] The parents' instinctive response to this, however sporadic, creates a unique bond which cannot be recreated in a foster home. Thus, there is not as much at stake for a foster parent in giving up a child as for a natural parent. The number of moves the average foster child experiences, mentioned above, may be one indicator of this. The reasons for such moves may also illustrate the readiness of most foster parents to let a child go if he interferes significantly with their own lives; moves are initiated because of suspected misbehaviour or a change of location of the foster family[41] and because the foster parents cannot accept the child's strong ties to his own family.[42]

In addition to the foster family's reaction to the child, there is evidence that a child in care is reluctant to form a close attachment after his initial separation. Detachment from adults, including foster parents, is a common characteristic of children in care.[43,44] Adults who had been foster children from an early age said they wanted to forget their own families but could not, so never formed close relationships with anyone.[45] Coexisting with this detachment is a longing for the natural parents, expressed directly or indirectly. Memories of natural parents are jealously preserved and frequently recalled.[46] Many children have

ambivalent or hostile feelings to parents despite the death or long absence of a parent.[47] Experienced workers in child welfare have made the following statements: even when a parent is unloving, the foster child clings to him stubbornly, with frustrating and destructive results;[48] unless there is some continuing connection with his own family, the child feels desolate and is likely to minimize the present while seeking a "never-never" past.[49] Thus there can be no certainty that a long-term placement will ensure a good outcome or that an individual child will be able to form the kind of relationship with substitute parents for which his social worker hopes.

Relationship with the Social Worker: Another condition generally accepted as important for progress is the relationship of the child with his social worker. Yet, the small amount of relevant research indicates that social workers are not having a significant influence on children in care. Children have achieved "good" and "excellent" adjustment in spite of more worker changes than those in the same group who had "fair" adjustment.[50] Foster children, when asked, have expressed the feeling that help given them by social workers was inadequate more often than not.[51]

It is possible that workers would be more meaningful to children if the worker who knew their family continued with them throughout wardship, but this almost never occurs; the average number of social workers for a group of wards representing 55 agencies was 3.7 per child.[52] A worker beginning with a child some years after his separation from his original family is likely to think of the child as separate from his family and

will have trouble in meeting the child's need for information about his past.

There is also a tendency for workers to focus on the present and forget the past. The child's need for knowledge to fill the gaping void in his past is noted in child welfare literature[53] but is rarely mentioned in the case records seen by the author. It is common for child care workers to know little or nothing about a child's feelings for his own family.[54] It is understandable that workers, many of whom have limited training, avoid this area. Discussions with children about their life before agency care are painful and result in the "acting out" of conflicts in the foster home.[55] This can make social workers very unpopular with foster parents; the latter may complain that such discussions upset the child, implying that the stability of the placement is being undermined by reminders of the past.

Relationship with Natural Parents: The relationship with the natural parents which continues while the child is in care is another aspect of treatment which has been analysed in terms of outcome. The opinions of practitioners are not unanimous in this area. Most workers agree in theory that some contact is good; in practice, however, it is usually left to the natural parents to take the initiative and studies have shown that regular contact is the exception rather than the usual experience.[56] Research has shown that contact with natural parents has a positive influence on outcome.[57,58,59] Theories of personality development also support the position that children who retain contacts with their natural families will be better adjusted. It is accepted that children form their

primary emotional relationships in the first few years of life. Those who spend the first three years at home will therefore derive their sense of personal identity from their parents, regardless of any parental inadequacy.[60] Identification with natural parents has been positively correlated with the well-being of children in care, and identity confusion correlated with poor outcome.[61] The importance of a child's orientation to his natural family is shown again by the strong association found between foster home location and outcome, compared to other characteristics of the foster family, which showed less significant associations with outcome. Poor progress was associated with suburban foster homes which would, as a group, be least like the lower class homes from which the children came.[62]

The research reviewed here has two important implications for child welfare. The first is that not enough is known about which pre-care conditions are associated with good or poor outcome for children who remain in long-term care. Secondly, the kinds of treatment which practitioners view as important seem to have less conclusive results than treatment about which they have less conviction. As discussed above, the decisions which social workers have to make about children demand more validated information. The Canadian experience, in particular, has rarely been studied.

In the present study, the progress of two hundred children in long-term care in two Ontario agencies is examined in relation to their pre-care and in-care experiences. The need for such a study has been discussed above. The state of present knowledge as just outlined indicates that a

beginning has been made in identifying some predictors of outcome. The main ones identified have been the age, sex, and pre-care family circumstances of the child. There is also information about outcome as it relates to the in-care experience. The latter suggests that continuity of foster parents and social workers are not reliable predictors of outcome; the importance of the child's natural family to him may have been underestimated and there is doubt about whether substitute caretakers are relating to children at a meaningful level. These questions will be considered with the children selected for the present study, in the hope that some additions can be made to the available research knowledge. Part II discusses the methods used to analyze the available information.

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PART II - METHODOLOGY

Selection of Children to be Studied

Several factors were considered in selecting this population of children: age at separation from natural parents, time spent in agency care, absence of extreme physical or mental conditions, cultural background and completeness of the record on natural family (conditions shown in Appendix A).

Age: Only children who were 3 years of age or more at the time they left their own families were included in the population. This was done to maximize the effect of their family life experience; the influence of natural family factors on the child's progress in care was a basic question to be looked at in this study. The decision was also based on the fact that children under three are not very fully described in case recordings at the time of coming into care.

Time in Care: It was decided to use a minimum of five years in care ending with the child reaching majority (this was 18 for most, but a few who continued their education were kept until 21). A minimum of few years in care would have brought in a number of children who were admitted to care at age 14 or 15, and often as an alternative to training school. It was felt that the impact of agency care on such children tends to be minimal, because of their age and previous experience. Also, the five year minimum followed the precedent set by other Canadian research relating natural family experience and placement factors to the progress of children in care.[1]

The decision to include only children who reached their age of majority in agency care puts the focus on those who are not adopted or returned home. This group probably has more problems and a less favourable outcome than other children who pass through agency care. They have received much less attention in research, however, and probably form a higher proportion of those coming into care after 3 years of age. Although there are no accurate statistics, the tendency is for children coming into care after age 3 not to be adopted; by the time they are available for adoption they are likely to be about 5 years old and even less eligible.[2]

Physical or Mental Conditions: Children were excluded if they had physical or mental conditions so extreme that they could not lead a normal life, i.e. they were institutionalized. The criterion was that they could be judged against normal peers; for example, a deaf boy who attended the School for the Deaf was included because he lived in a foster home before beginning school, spent his holidays there, and lived in an agency group home after leaving the school at age 16. Children with I.Q.'s under 75 were also included, if they attended community schools, although most permanent wards of this intelligence tend to be institutionalized.

Cultural Background: Children were excluded if they came from a distinct cultural background such as North American Indian, first generation European or black families. The original idea was to exclude the siginificant proportion of North American Indian children in the care of the London C.A.S. It was thought that their reaction to living apart from their families would be different; it was common practice in the

Indian community from which most of them came for children to stay temporarily with another family or to attend an institutional school for Indian children. Thus it would be easier for these children to accept separation; they also had an advantage in maintaining a sense of group identity because of their appearance and feeling of band membership. It was expected that the attitude of first generation European or black families would also be significantly different from the majority of the population being studied. As this research was exploratory in nature, it was decided to eliminate minority groups in order to simplify the analysis of the findings.

Finding a Sample

A decision also had to be made about studying children from specific Children's Aid Societies. Although the research originated in London, this would have been too small a base from which to generalize; there were only 70 cases which met all the criteria. The Children's Aid Society of Metropolitan Toronto was chosen, in addition to London, because it carried the largest number of cases in Ontario and was expected to produce enough cases so that sampling could be done. There was some thought of choosing a third agency, but the time taken to locate research assistants for the Toronto job resulted in this being ruled out.

Orthodox sampling also proved impossible to do in the Toronto agency, because that agency was converting its records onto microfilms during the year when data for this study was being collected; thus many cases were missing on the alphabetical basis. Of the 300 cases which were located from statistical information in Toronto, about half were out of the office being microfilmed. When others were eliminated because of the lack of information; there was an insufficient number of cases for

sampling. Because of this, the 120 cases that were available to the researchers and the next 10 to be returned from microfilming were used; this made a total population of 200, when added to the 70 from London.

Use of Case Records

To examine the progress of children in long-term care relative to their original circumstances, it was decided to use case records. Originally it was hoped that some of the children could be located and interviewed as well, to ensure that their perceptions coincided with the accounts of their feelings given in the records. However, this idea was not pursued because it was decided that the analysis of case records alone was a very large undertaking with the available resources.

There are advantages and disadvantages to the use of case records for research, but for this study the latter seemed to be outweighed by the former. The main disadvantages of case records are that the information is second-hand and tends to be incomplete. The second-hand nature of the information, however, probably added to its reliability for this study; personal interviews with the children would have given subjective information and would have relied heavily on the child's memory of past events. Case records, on the other hand, contained accounts of progress at regular intervals, so are preferable for measuring the progress of a child from one point in time to another. A study which projected into the future, beginning with children as they came into care, would have been better, but the present lack of knowledge as described above, weighed in favor of a retrospective study.

The lack of complete information was a factor to be considered, but it was expected that the records of children in the long-term care of a Children's Aid Society would contain most of the information needed. When

a child has been in care for five years or more, there is usually a case record amounting to 20 to 40 pages about his life in care, and another of 5 to 10 pages about his family life before he came to the agency. These two records contain a great deal of valuable material for analysis, such as accounts of behaviour and emotional problems at the time of admission and at six months to one year intervals thereafter. The extent of the information available is reflected in the reading schedule used for extracting the required data from the records (Appendix B). It was expected that the record of a child's life before he came to the agency would sometimes be imcomplete. In order to minimize this problem, a limitation was set concerning this category of information. It was decided that a case would not be used unless information was available to answer 15 of the 17 questions in this category.

As for information pertaining to the child's experience in care and his progress, the importance of the case record in the structure of a Children's Aid Society ensures that recording will be more complete in these categories. The agency is totally responsible for the child after he is admitted to care and continual changes of personnel make it essential that there be a written record of his development. The emphasis placed on such recording is shown by the fact that workers are not supposed to take their annual holidays until they have updated the records of children in their care. The child's record was also expected to give a relatively objective picture of the child any any problems encountered by them, because this is used by workers in ongoing consultation with their supervisors. That is, most supervisory sessions are based on up-to-date recordings of

the child's problems by the worker who is seeking help in handling the case. Also, a worker cannot ignore a child's problems for long as there will be eventually pressure brought to bear from the foster parents, with the threat that it will be necessary to remove the child.

In addition to the relative objectivity and completeness of the child's record, its usefulness is enhanced by the uniformity of content among different workers. Even between the two agencies, Toronto and London, there was a strong similarity in the content of recording. This can be attributed to the fact that the recording had to meet the supervisor's expectations and that supervisors, if not workers, usually had post-graduate social work training in which a basic method of recording was learned. In addition, the two agencies had developed guides for recording which organized information under similar headings. The length of recording also tended to be uniform, two to three pages per year, with summaries at opening, closing and transfer. Thus the detail given by workers tended to be similar in quantity as well as kind.

Completeness of Records: As discussed above, there was a fairly uniform method for recording children's files; however, the records on their natural families varied greatly, according to how long the family was known before the child came into care. As mentioned above, children were excluded if more than two of the seventeen items on the Reading Schedule about the natural family could not be answered. This occurred in about 10% of the London cases and 5% of Toronto cases and was not thought to bias the group in any direction.

The decision to use case records was therefore based on the relative objectivity of the social worker; the value of reports written at fairly

regular intervals over a period of years; the completeness and uniformity of the recording. Personal interviews would have deepened the study, but it was felt to be worthwhile to proceed without these in view of time and money limitations.

Assessing the Child's Progress

As the main task of the research was to identify factors related to the progress of children in long-term care, some means had to be found of assessing progress. The measurement techniques of other researchers were considered but were not felt to be indicative of the child's progress from the time of admission to discharge from care. The most extensive study done in England[3] used a measure which equated stability of placement (5 years in one foster home) with good progress. In the present study there were children who had long stays in one foster home; many of these, however, fell short of their potential in academic performance. For these children, the stability of their placements could have been a reflection of apathy, rather than healthy satisfaction. An important American study had the child's own worker evaluate well-being on an 8-point scale, but the researcher himself questioned the validity of this. He pointed out that systematic biases (in this case, worker's

knowledge of children's previous experiences) are often found in global ratings.[4] The inherent problems in these two techniques is illustrated by the contradictory findings: Weinstein's results indicated that children in semi-adoption placements were lowest in well-being, while Parker had used placement stability as his measure of success. It was felt that the measurement technique should register change from beginning to end of placement, in order to emphasize the influence of agency care as opposed to the earlier influences of the family. If only the final outcome were considered, then it would be difficult to say whether a poor outcome was attributable to agency or family influences. It has been suggested that the child's own base-line be used to measure improvement[5] and this was the principle adopted. This is also a recognized means of measuring the results of social casework.[6]

Two independent readers assigned scores to the children on the basis of their behaviour, past performance and overt symptoms of emotional problems at the time of admission and again at discharge. A progress score for each area was arrived at by subtracting the final score from the initial one. Then the scores from all three areas were totalled for a "social progress" score. The scoring was done according to a three point scale, as used in other similar studies.[8] This seems preferable to a scale with smaller intervals when foster children are being considereed, as precision is affected by symptom variance when children experience changes in placement. The steps taken to ensure reliability of the readers' evaluation are discussed below.

The second measure used was that of academic progress. In this steps were taken to control for the difference in children's intellectual ability, by relating the child's school achievement to his intellectual potential as shown by intelligence testing. An I.Q. score was available for all but 7 children, as it was the practice of the agencies concerned to do individual testing of most children in long-term care. The school reports of these children were available, however, and from the teachers' comments it was possible to place them in a range of 91-100, or 101-110. By this means, their cases could be used in the correlation matrix, although their scores were registered missing in the frequency distribution. The scoring method for academic focus is shown on the chart in Appendix D.

It was hoped that these two measures of progress could be combined to form a total score for progress during placement. However, the correlation between the two areas was not high enough (.16) to justify combining them. In fact, there were variables which had opposite effects on the two types of progress: behaviour problems at the beginning correlated with good social progress and poor academic progress. This was understandable because the child with behaviour problems has a good chance of improving under the firm consistent guidance which foster parents should be able to provide. Meanwhile, his behaviour puts him at a disadvantage at school and this part of his environment will not change very much. Due to the low correlation, it was decided to treat academic progress and social progress as separate measures of outcome.

Steps Taken to Ensure Reliability of Rating

Rating was done by two independent readers, who achieved a satisfactory level of agreement on a pre-test, as will be described below. The tendency of evaluations by caseworkers to agree has been documented.[9] In this case, readers with no social work background were used; all had B.A.'s and were given several hours of individual orientation in applying the reading schedule, by the researcher.

The first set of 10 cases to be completed on the 41-point reading schedule by both London readers was checked for correlations of answers. There were only three variables which had a correlation below .80.[10] These were discussed with the readers and the definitions were rewritten, when necessary, to clarify misunderstanding. If one reader had misinterpreted the definitions, this was considered reason enough to amend the definition so that such a misinterpretation would not recur. In one case it was decided to divide one question into two: Identification with Natural Parents and with Foster Parents had originally been combined. Low correlation between the readers resulted when they were expected to deal with the two in combination.

Then a second set of cases was completed in London, correlated in the same way. This time the correlations were all above .80 except A.9 (the question of parental control over children). When the answers on this point were tested by the percentage of perfect agreement, however, a satisfactory level of 80% was achieved.[11]

The Toronto cases were subjected to similar tests of reliability. The four variables which had a correlation lower than .80 for the first set of cases came out with satisfactory scores on the second set. One

variable (C.5 (b) Task Performance at End) did come out below .80 on the second set (15 cases were used instead of 10) but there was 76% perfect agreement which was significant at the .04 level for 15 cases.

Thus the Reading Schedule was felt to be a reliable instrument for extracting the data from the records. Disagreement on specific points was resolved by conference between the two readers, with advice being sought from the researcher when they could not reach a decision. This happened rarely, because readers were asked to make notes from the case records on points which required them to exercise judgement. It nearly always happened that the information which had been decisive for one had been overlooked by the other; consideration of the new information usually resulted in agreement.

When the reading schedules were completed, it was necessary for the researcher to convert some items into final scores. The readers' task was kept as simple as possible to avoid errors. For example, the reader recorded the occupation of the foster father and the researcher assigned this a code number on an occupational scale (see Definitions); the reader recorded the grade level reached by the child and his I.Q. while the researcher combined these for a score which related the two (charts already mentioned).

The next step was for punch cards to be created from the information on the reading schedule. These were then run through a computer for a frequency distribution to provide a descriptive analysis of the data. Then a correlation matrix was done, relating each variable to every other variable. The significant correlations (.14 and over)[12] were studied for

association of variables within categories (e.g., correlation between two pre-care variables such as economic deprivation and physical abuse) and for associations between categories which might allow for prediction of outcome (e.g. correlation between pre-care or in-care variables and outcome).

Two separate factor analyses were undertaken from the correlation matrix. The first involved a prior orthogonalization of each of the three sets of pre-care, in-care, and outcome variables. Although considerable effort was expended in the interpretation of this analysis, it was decided that the same information could be presented in a more understandable form using the correlational and standard factor analytic data; hence the results of the first factor analysis are not reported.

A second factor analysis, involving a standard principal axis factor analysis and rotation to a varimax criterion was also undertaken on the total set of 42 variables. The salient factor loadings from this analysis are shown in Appendix E. In general, they highlight and more sharply focus the correlational results presented in this report.

A few variables where the relationships were expected but not shown on the correlation matrix were further analysed by crosstabulation (e.g. progress related to socio-economic level of foster home). One additional item was extracted from the records after the results were in. As the presence of a trained worker in the first half of placement showed little association with other variables, it was decided to take the training of the first worker only. A separate correlation was done on this and the results were different.

In summary, the method employed in the study was an analysis of the case records of 200 children to assess their progress in relation to the conditions which might be expected to affect it. Their psycho-social functioning from beginning to end of care was measured and their academic progress was related to their intelligence. These outcome variables were to be correlated with pre-care and in-care variables.

A reading schedule was used to extract the 41 variables from each case record. Reliability was insured by having each record scored by two independent readers; there was a satisfactory correlation between their results after redefinition of several points.

Several approaches were used in the analysis of the data. These were a frequency distribution, correlation matrix, factor analysis, and crosstabulations on some data which was not adequately handled by correlation.

1. H.B.M. Murphy, "Natural Family Pointers to Foster Care Outcome", Mental Hygiene (July 1964), p. 391.

2. In the C.A.S. of London and Middlesex, a 1965 study predicted that 65% of children 6 and over who were in permanent care would require long-term foster care, as opposed to adoption or institutionalization (Mimeographed study by Linda Lamb.

3. R.A. Parker, Decision in Child Care (London: George Allen and Unwin, Ltd., 1966).

4. E.A. Weinstein, The Self-Image of the Foster Child (New York: Russell Sage Foundation, 1960), p. 70.

5. D. Fanshel, "Research in Child Welfare: A Critical Analysis", Child Welfare (December, 1962), p. 495.

6. Hunt and Kogan, Measuring Results in Social Casework (New York: F.S.A.A., 1950), p. 21.

7. See Part C. 3-5 of Reading Schedule (Appendix B) and corresponding Definitions (Appendix C).

8. Gil, "Developing Routine Follow-Up Procedures for Child Welfare Services", Child Welfare (May 1964), and Murphy, op. cit., used three-point scales for measuring potential and outcome respectively.

9. Hunt and Kogan, op. cit., p. 27.

10. The correlation co-efficients were transformed to corrected scores by the Spearman-Brown formula, see Harold Gulliksen, The Theory of Mental Tests (New York: John Wiley and Sons, Inc., 1950), pp. 77-82.

11. The Binomial Test for Agree-Disagree dichotomy was used. Agreement on 8/10 cases is significant at the .05 level according to Allen Edwards, Experimental Design in Psychological Research (New York: Holt, Rinehart, Winston, 1962), Table D, p. 250.

12. A correlation of .14 with 198 degrees of freedom is significant at the .05 level; a correlation of .19 is significant at the .01 level (a two-tailed test) as shown on Table VI in Minium, Edward W., Statistical Reasoning in Psychology and Education (New York: John Wiley and Sons, 1970, pp. 445-6.

PART III - THE FINDINGS

CHAPTER 1: THE PROGRESS OF CHILDREN IN CARE

Social Progress

Presence and Seriousness of Behaviour Problems:

Social workers responsible for the care of children usually consider their behaviour from two points of view. First, behaviour is viewed as an indication of the child's feelings and of his progress. Secondly, the implications of the child's behaviour are considered in planning substitute care; for example, child care workers are usually hesitant about bringing a child with behaviour problems into care, because of the upheaval he is likely to create in a foster home. In analyzing the data on behaviour in the present study, both approaches were used: the child's behaviour was used as a measure of progress and the relationship of family experiences and treatment in care to behaviour was also examined.

The progress of children as reflected through changes in the extent of behaviour problems is shown on Table 1.

Table 1: Extent of Behaviour Problems at End of Time in Care Compared to Beginning

Children With Behaviour Problems at Beginning	Children With Behaviour Problems at End			
	None	Present Not Serious	Serious	Totals
None	71.9%	20.8%	7.3%	100.0%
Present, Not Serious	61.7%	20.0%	18.3%	100.0%
Serious	36.4%	11.4%	52.3%	100.0%

Behaviour problems showed a tendency to decrease during the time in care. Almost 30% of those who had no problems at the beginning developed some by the end; on the other hand, over 60% of those who had some problems at the beginning had improved, as had nearly 50% of those who came in with serious problems.

The indication that behaviour tends to improve over the years in a long-term placement is consistent with social work knowledge about producing behaviour change. For example, behaviour modification techniques have shown that it is possible to change a child's behaviour by providing an environment with consistent expectations and reinforcement. This is more likely to be provided by foster parents who have agency support than by the child's natural parents who are often inadequate and overwhelmed. The relative accessibility of behaviour problems to modification in agency care is further emphasized by comparing the findings concerned with behaviour problems with those concerned with emotional problems and task performance, as shown on Table 2. It was found that problems in these two areas did not decline while the child was in care.

Table 2: The Percentage of Children with Varying Degrees of Behaviour, Emotional and Task Performance Problems at the Beginning and End of Placement

	Behaviour		Emotional		Task Performance	
Extent of Problems	Beg.	End	Beg.	End	Beg.	End
None	48.0%	61.5%	39.5%	38.5%	63.5%	48.0%
Present, Not Serious	30.0%	18.5%	45.5%	48.5%	23.5%	26.0%
Serious	22.0%	20.0%	12.0%	13.0%	13.0%	26.0%
Totals	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

These findings indicate that there was little change in the extent of emotional problems among the children from the beginning to the end of care. It is possible that, as suggested earlier, agency care may not make much impact upon a child at a deeper level. The emotional problems of children in care tend to be very complex, usually involving an unsatisfactory relationship with his original family, as well as his reactions to the separation. Thus, it is understandable that these would be difficult to change.[1]

As for task performance, there tended to be more problems at discharge than there were at admission. Task performance ultimately depends upon the development of initiative, which is an advanced step in ego development dependent upon mastery of the earlier steps.[2] Thus, it is understandable that task performance might be retarded when earlier steps in development had been inhibited by separation from the child's family.

The analysis of initial behaviour showed some interesting associations with other variables. Correlations of beginning behaviour problems with previous family experience and treatment in care are set out in Table 3.

Table 3: Beginning Behaviour Problems Correlated With Previous Family Experience, Treatment and Progress in Care

Previous Family Experience	
Inadequate Control by Parents	.43
Emotional Rejection by Parents	.27
Child is a Boy	.20
Treatment in Care	
Child Initiated some Family Contacts	.28
Child Not Placed with Siblings	.23
High Number of Placements	.19
Longest Placement was Short	.16

Table 3 (Continued)

Progress in Care	
Good Social Progress	.43
Poor Academic Progress	.24

Correlations of .19 and over are siginificant at .01 level. Correlations of .14 and over are significant at .05 level. No correlations below this are reported unless so indicated.

Most of the associations on Table 3 have not been explored by other studies. The connection between behaviour problems and foster home breakdown has been shown before,[3] but there has been uncertainty about cause and effect. It may be argued that the child's behaviour is a result of foster home breakdown and the agency may be unsure which came first. This will be discussed later in relation to the Experiences of the Child in Placement.

Two of the associations shown above provide some background information about the children with beginning behaviour problems. The high correlation with Inadequate Control by Parents suggests that these children also presented behaviour problems in their own homes; it may be conjectured that this was part of the reason why they came into agency care. The association with emotional rejection adds further to this picture. Parents who are having trouble controlling their children often become rejecting toward them, as shown in the literature on abusive parents.[4]

Possibly the most important finding about beginning behaviour was the correlation between behaviour and progress. The high correlation between initial problems and good social progress is partly a function

of measurement; a child with serious behaviour problems cannot move lower on the scale during this time in care, while one with no problems cannot move higher. Nevertheless it adds to the favourable prognosis for the child with beginning behaviour problems. As for academic progress, the correlation between behaviour problems and poor progress could be interpreted as a contraindication to taking the child into care. It should be recognized, however, that behaviour problems are likely to cause a child trouble academically whether or not he comes into care. If he comes into care, his behaviour is likely to improve. Furthermore, indications are that if his behaviour problems continue, they will impede his academic progress even more at a later age; there was a much higher correlation between poor school progress and behaviour problems at the end (.35) than at the beginning (.24).

A study by Gil which linked progress to initial behaviour came to a different conclusion. Behaviour problems prior to care were considered as one aspect of poor "pre-admission developmental potential" and those children who had poor "PDP" tended to have "poor outcome".[5] The definition of outcome used in this study was an absolute measure related to the absence of problems and to school achievement, rather than an assessment of change as used in the present analysis. In Gil's study, a child who began with no behaviour problems and had none at the end was assessed as having a "good outcome". In the present study, however, such a child would not be given as high a score as a child who began with serious problems and had less serious problems at the end. This approach is hopefully more relevant to the task of the agency which has to make a

decision whether or not to admit to care a child who has behaviour problems.

Another association shown on Table 3 above suggests that children with behaviour problems tend to initiate contact with their parents, even though they are also more often emotionally rejected by them. This is probably an aspect of the greater assertiveness associated with behaviour problems; these children are less likely to wait for the agency to arrange visits and more inclined to follow their own impulses to see their families. There would be some advantage for them in that they could satisfy their need for contact if they felt lonely. These children would also feel more autonomous with respect to the agency because they were taking the initiative in parental contacts.

In summary then, children with behaviour problems were found to do relatively well in care, in spite of their tendency to have had more placements than average and to have been emotionally rejected by their families. As discussed above, the new environment provided when a child is admitted to care is likely to result in modified behaviour. The resources of the agency are more suited to dealing with behaviour problems, than with emotional problems and task performance. Also, there are possible advantages to children with behaviour problems as they tend to initiate family visits, presumably when they feel the need. Finally, the association with previous behaviour problems in the home and with emotional rejection helps provide background about the past life of these children.

Presence and Seriousness of Emotional Problems:

The prevalence of emotional problems among children in care was mentioned at the outset. In this study they are defined as observable symptoms of emotional distress. Various symptoms described in the records are given in the Definitions (Appendix B, Part C); they centered around disturbances of eating, elimination and signs of fear or depression. Child care workers interpret such symptoms as a measure of the child's psychological health and any changes in these are taken to indicate the effect of the child's environment on him.

As we saw on Table 2, 12.0% of children at the beginning of placement had serious emotional problems, and 48.5% had less serious problems, according to the definitions. The change in the extent of emotional problems with individual children during the time in care is shown on Table 4.

Table 4: Changes in the Presence and Seriousness of the Emotional Problems of Children from Beginning to End of Placement

Seriousness of Children's Emotional Problems At Beginning	Emotional Problems at End			
	None	Present Not Serious	Serious	Totals
None	59.5%	35.4%	5.1%	100.0%
Present, Not Serious	30.9%	56.7%	12.4%	100.0%
Serious	00.0%	58.3%	41.7%	100.0%

It can be seen that over one half of the children who began with serious emotional problems had less serious problems at the end, but their symptoms never disappeared completely. Children who had some problems tended to retain them: 31% got better but 12% got worse. More children

with no initial emotional problems were found to deteriorate (41%) than did those with no initial behaviour problems (28% got worse).

The proportion of emotional problems in the total group of children was almost unchanged from beginning to end. Unfortunately, we do not know the emotional status of most of the children when they were still living at home. We can assume it was no worse, as a child who is emotionally disturbed does not improve overnight as a result of coming into care. There is a good possibility that it was better, as the trauma of separation is bound to cause some emotional problems. It would appear then that emotional problems are just as likely to get worse as better when a child is brought into care.

The circumstances of the child with emotional problems are suggested by the correlations with other variables, as shown on Table 5.

Table 5: Variables Correlated with the Presence of Emotional Problems at the Beginning of Care

Inadequate Parental Control	.35
Good Social Progress	.34
Emotional Rejection	.30
Child Not Placed With Siblings	.30
Poor Academic Progress	.23
High Number of Placements	.22
Confused Status in Natural Family	.20
Longest Placement was Short	.19
Inadequate Physical Care	-.17
Economic Deprivation	-.17
Child is a Boy	.16
Sexual Abuse	.16
Foster Home Suitable	.15

Most of these correlations are expected. The negative relationship with physical care and economic deprivation may arise from the fact that other reasons for admission were operating, which in turn were related to the child's emotional problems. A similar pattern associating beginning problems with foster home breakdown is seen here as with behaviour problems. That is, children who had emotional problems tended not to be placed with their siblings, to have a high number of replacements, and not to have any long placements. Also, the correlations with good social progress and poor academic progress were similar to those with behaviour problems, but the correlation was not as high in the social area; in effect, emotional problems are not as likely as behaviour problems to improve during the time in care.

A closer look at the nature of the emotional problems experienced by the children in care is given by individual cases. Fear seems to be an important element;

> Bruce, 7, who had been rather suddenly deserted by his parents was, as his caseworker said, "in the unhappy position of distrusting and disliking the C.A.S. and seeing them as the reason his family had broken up, yet at the same time finding his future very much in my hands."
>
> Jim, who came into care at age 4, was obviously rejected by his parents, who came to the receiving home to see his brother and never asked to see Jim. He was a very nervous child and was terrified of his foster father, which could be traced directly to the physical abuse he had experienced from his father.

Sometimes emotional problems are created at the outset by the situation of being in care, then aggravated by the way they are handled. In some foster homes, fairly high expectations are made of the child; workers who are anxious to have the foster home work, tend to go along with the foster

mother's expectations.

> Robert, age 8, wet the bed during his first week in the foster home. The worker and foster mother discussed this with him, telling him this was irresponsible behaviour for his age and asking him to make a commitment not to do it again. After this Robert began to be very defiant with the foster mother and to hit her two-year old child, culminating in an early breakdown of the placement.

The insecurity created by foster home moves is another source of emotional disturbance of children in care.

> Vincent, 11, was in his sixth foster home. He told his foster parents after six months that he might as well move on again (as he was accustomed to doing). He was apparently trying to preclude their initiating a move, because he showed his desire to stay when they reassured him that they wanted him; a year later he asked them if he would ever have to leave.
>
> In one case outside the study, the fear of having to move again was recalled by Mr. G., age 35. He had lived with foster parents who had threatened to send him away if he misbehaved. Although he had become a father with children and foster children of his own, he said gravely, "I still have that fear today."

Another characteristic of children in care which adds to their emotional instability is the need to fantasize about their missing parents.

> John, who was mentioned above, tried to meet his need for a father by creating in his imagination a father who was a war hero. He knew even then this was not reality, but it was important to him to have a father image.

Worries about what is happening to their natural parents can also be emotionally disturbing to children in care.

> Ted, who came into care at age 9, was so used to taking responsibility for his alcoholic parents that he worried about them and remained isolated from peers and the foster family. By age 14, the record said he cared so little about the aprroval or values of the people around him that he was beginning to lie and steal in a psychopathic way.

> George, who had been removed from his family for a long-term medical treatment, became very anxious about his younger brother who was developing into a delinquent in the natural family home. He gradually became apathetic about co-operating with his treatment or doing his school work and finally stopped going to school.

Other children, as they grew to adulthood, became ashamed of their natural families and afraid of being like them.

> Karen, at 18, had a steady boyfriend who was talking of marriage; she told her worker she was afraid to get married because she might have children who would end up in care. As Karen was a very responsible girl, the worker found this very hard to believe; but Karen persisted in feeling that if it happened to her mother, it could happen to her.

It seems then, that for many children, emotional problems created by the original environment were ameliorated by the experience in care. But the separation was emotionally damaging to another group of children so that the final balance was almost the same as the beginning one. Unfortunately, it was impossible to isolate characteristics of those who deteriorated emotionally from those who improved.

In summary it may be noted that emotional problems did not improve in care as readily as behaviour problems and there was a greater tendency for them to be aggravated by foster home changes. Initial emotional difficulties appeared to be related to the attitude of the natural family toward the child; he was likely to be out of their control and to be emotionally rejected by them; sexual abuse was also more prevalent. These families tended to manage better than the others physically and economically but seemed unable to cope with the emotional demands of children.

The findings presented here suggest that children coming into care with emotional problems probably have much to resolve about their family experiences.

Yet the lack of improvement, as compared with improvement in behaviour problems, may indicate that the agencies are not reaching them on the emotional level. This has serious implications for the child's general progress in care. As many writers have observed, a child must resolve the inner conflict about his family experience before he can make use of foster care.[6]

Task Performance: For the purposes of this study, task performance is defined as the child's behaviour in the community outside the home, specifically in school and work. His adjustment to society's expectations of him at school and later in the working world were considered in terms of his dependability, persistence, and general attitude. Performance outside the home is probably the ultimate test of a child's progress. He may learn to control his behaviour within the limits set at home and he may repress his feelings; but it is more difficult to function in the outside world without a fairly well integrated personality. Not only self-control, but more positive qualities such as initiative are required.

The progress of individual children in task performance is shown on Table 6.

Table 6: Task Problems of Individual Children at End of Placement Compared to Beginning

Seriousness of Task Problems at Beginning	Percentages of Children with Varying Degrees of Task Problems at End of Placement			
	Present			
	None	Not Serious	Serious	Totals
None	57.5%	23.6%	18.9%	100.0%
Present, Not Serious	31.9%	29.8%	38.3%	100.0%
Serious	30.8%	30.8%	38.5%	100.0%

Sixty percent of the children who began with serious task problems improved. This was a better result than for those with emotional or behaviour problems and suggests that admission to care is likely to help such children. Possibly the element of behaviour modification identified earlier as part of the foster care environment might also operate in cases of serious task problems. At the beginning, task performance refers basically to school adjustment; presumably the reinforcement and inhibition provided by the foster parents could modify this.

Children who had some task problems at the beginning were more likely to deteriorate than to remain the same or get better. Of those who began with no problems, more got worse than in the emotional or behavioural areas (42.5%). The progress of these last two groups in effect was rather poor relative to those who came in with serious problems and relative to behaviour or emotional problems. It could be conjectured from this that it is difficult to instill the qualities of initiative and active acceptance of society's values in a child who has lost his original family.

Task performance was significantly correlated with most of the same variables as behaviour, so a table will not be included here. The few respects in which task performance was different from behaviour are shown on Table 7.

Table 7: Variables Correlated with Poor Task Performance at Beginning of Care

Parent(s) not dead	.17	
Low I.Q.	.17	
Control over contacts with family	.06	(insignificant as opposed to behaviour problems)

The above correlations point to conditions which we would expect to be important in determining task performance. The child's intelligence is important in order that he can do the tasks. His image of himself as a child in care is also important. When one or both parents are dead a child is less likely to feel different or ashamed about coming into care; thus it is understandable that he will accept society's values and make an effort to perform the tasks expected of him. The possible effects on task performance when a child feels alienated from his environment will be discussed again later. The correlation of other variables with task performance at the end tended to confirm this connection.

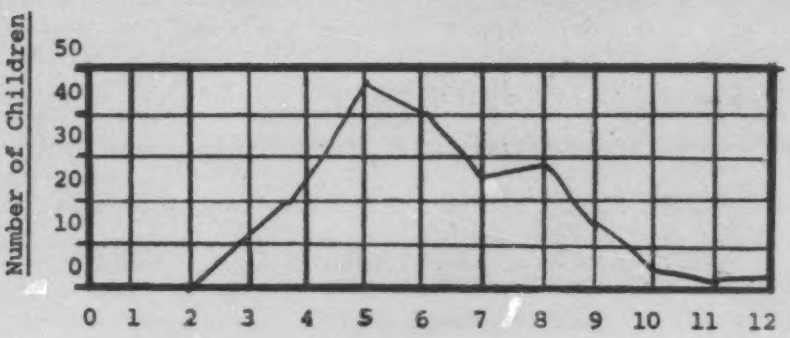
In summary task performance was seen as an important area in which to assess progress reflecting the integration of the emotional and behavioural aspects of the child's personality. The findings suggested that progress was best when children initially had serious problems. It appeared in connection with parents being alive or dead that task problems might be related to the child's self-image as a result of being in care. As well, the relatively poor progress of children who began with less srious problems or none suggests that performance in school or in a job may be particularly difficult for children growing up in agency care.

Academic Progress

As described earlier under Methodology, the academic progress of children in care was measured according to grade level achieved, with the I.Q. variable being controlled. It was thought that this would indicate the extent to which children in care realize their natural intellectual potential.

A measurement scale was developed whereby, for example, a child with an I.Q. of 91-100 who completed Grade 9 in a regular (4 to 5 year) course was given a score of 6. The most frequent (modal) score was 5, a child with the same I.Q. who completed a two-year high school course for slow learners. The distribution is shown on the graph below.

SCORES ACHIEVED BY CHILDREN INDICATING
GRADE LEVEL REACHED RELATED TO I.Q.



The modal score of 5 indicates less than full realization of potential; for example, an I.Q. of 91-100 is within the normal range but these children were in classes for slow learners. The group as a whole could be said to be slightly below the general population. The mean I.Q. is 96, very close to the mean of 100 for the general population. Yet, the median grade completed was 9, whereas the median for London was grade 10 as mentioned earlier.

This generally depressed level of performance was consistent with an earlier survey of Crown Wards done in the London agency.[7]

Other researchers have made similar findings. One group of foster children was found to have an average I.Q. of 104.9 but they were retarded from 0.3 to 1.4 school years in actual achievement.[8] Another group

(111 negro children) had an average I.Q. comparable to th general population but the proportion who were behind in school was 6 times as great as for the rest of the school population.[9] Still another study showed foster children to have I.Q.'s similar to non-foster children, but with marked academic retardation, especially in reading.[10]

The relatively poor academic achievement shown above suggests that some aspect of foster care status may depress intellectual functioning. It may be, as one writer thought, that the foster parent-child relationship lacks affection, even in the best foster homes or that foster children are disturbed by their difference from other children.[11]

In general, the present findings support the evidence described above from other research about poor use of intellectual potential by children in care, but no definite explanations of this can be offered.

FOOTNOTES

1. Littner, "Natural Parents", Journal of Ontario Association of Children's Aid Societies (April 1973), p. 4.

2. Erikson, Childhood and Society (New York: W.W. Norton, 1950).

3. Parker, op. cit., p. 45.

4. Leontine Young, op. cit.

5. Gil, "Development Routine Follow-Up Procedures for Child Welfare Services", Child Welfare (May 1964), pp. 238-9.

6. Dinnage and Pringle, Foster Home Care: Facts and Fallacies (New York: Humanities Press, 1967), p. 10.

7. L. Lamb, Unpublished report on children in care of the Children's Aid Society of London and Middlesex, 1965, showed that about 57% of permanent wards were behind in school for their age, although their I.Q. scores followed the typical pattern (about 17% were Below 90). This was twice the failure rate of the general population in the London Public School system, which was about 27% by Grade 8 (figure obtained from Dr. R.G. Stennett, Research Director, London Board of Education).

8. Dinnage and Pringle, op. cit. p. 97.

9. Ibid., p. 114.

10. Ibid., p. 118.

11. Ibid., p. 97.

CHAPTER 2: CHARACTERISTICS OF THE CHILDREN AT ADMISSION TO CARE RELATED TO PROGRESS IN CARE

Age at Separation

It is the belief of many child welfare workers that if a child is to be separated from his family it should be done as early in his life as possible. This seems to be based on the feeling that the bonds with his natural family will be easier to break and he will be readier to adapt to a new family.

For very young children (0 to 3 years) the foregoing may be true; there is evidence that this group settles into foster care better than those 3 and over.[1] The children chosen for this study were all 3 and over, for the reasons given earlier, and there was no evidence that the older ones suffered from staying longer in their own homes. The age at separation did not show a significant correlation with either social or academic progress as defined in the last chapter. Our results are overwhelmingly supported by the other studies which were found of children beyond infancy.[2,3,4] There were no studies of children aged three and over which showed that their progress ass associated with the age at which they came into care.

The implication of these findings is that admission to care can probably be delayed without harm to children unless their lives are in danger. Agencies are often reluctant to persist in working with a weak family which may break down eventually. They feel the child deserves an opportunity to have an early start in a foster home if he is to come into care. The results of this study could be taken to favour persisting with preventive work while children remain in their own homes. As will be

seen in the next chapter it is not always necessary to move a child permanently into agency care when his family seems to have reached the breaking point.

Intelligence

Children of higher and lower intelligence were compared to see which were better able to realize their potential. The findings showed that there was a negative correlation (-.17) between I.Q. and academic progress (grade level completed in relation to I.Q.). In effect, children who had higher I.Q.'s were less likely to realize their potential; that is, they were less likely to reach a grade level comparable to the general population with similar intelligence. Some individual cases illustrate the poor academic progress of children with better than average I.Q.'s

> Victor had an I.Q. of 105, but was not doing well in school when he was admitted to care during Grade 1, probably because of his disruptive home life. At first, the separation from his family seemed to help his school work; he completed that year and the next three grades satisfactorily. Then he failed in Grade 5 and again in Grade 7, finishing his schooling in a two-year high school program for slow learners.
>
> John also had an I.Q. of 105, but left school at age 16 without completing Grade 9. A psychiatrist who saw John about this time concluded that his poor academic progress was a result of his inner conflict between his natural home and the foster home. He had always wanted to go home but had been kept in care from age five, so that he could receive therapy at a Crippled Children's Centre.
>
> Sam had an I.Q. of 132 and reached university. But he dropped out in his first year because he could not concentrate. As the worker said, "I would see Sam as an extremely responsible member of society but I would doubt that he will be able to use his very superior capacity in the intellectual sense."

Children who had lower I.Q.'s, on the other hand, tended to realize their potential. This may have been partly due to help given by the agency. A less intelligent child is more likely to receive extra help from social workers and foster parents because he is at or near the failing level, while an intelligent child who is under-achieving would not be given high priority among the problems faced by the agency.

There was no significant difference in the social progress of children according to their intelligence. There were other significant differences, however, which could explain the comparatively poor achievement of more intelligent children with respect to their potential. These are shown on Table 8.

Table 8: Other Variables Correlated With High I.Q. of Child

Child Older at Admission	.27
Academic Progress	-.17
Prior Placements	.16
Parents Able to Control Child	.14
Parent(s) Mentally Ill	.14
Identification with Natural Family	.15
Identification with Foster Family	-.15
Good Task Performance (Beginning)	.17
Good Task Performance (End)	.02*

*Not correlated at .05 level of significance.

The tendency of children who stayed with their families longer to have higher I.Q.'s was consistent with a study of 205 children in Glasgow; those admitted before age 5 had much lower I.Q.'s.[5] As suggested in the discussion of prior placements these children probably had more intelligent

parents who would be able to keep the family together longer. The association with better parental control is also suggestive of the parents' intelligence. As for mental illness, it is likely that parents who could not care for their children for psychiatric reasons would be more intelligent than those who were simply inadequate.

There was no association between general social progress and I.Q. There was, however, an indication that task performance and I.Q. were related. This is a logical association, but it becomes interesting when it is found that there is not a significant correlation between high I.Q. and good task performance at the end of the placement. This could be interpreted to suggest that children with higher intelligence did not maintain their relative advantage with respect to school and work potential during the time they were in care. This may be related to the child's sense of alienation from a society in which his own family appears to have failed. Support is given to this suggestion by the tendency of more intelligent children to identify with their natural families and not with their foster families, to be discussed in a later chapter. Conflicts about the natural family could depress academic and task performance and the more intelligent child seems to be particularly vulnerable in this respect, as demonstrated by the following case.

> Bruce at 9 was considered to be "very bright" by his teacher but had trouble concentrating on his work and appeared depressed. Projective tests given by the agency psychologist found him to be "deeply sad about the breakup of his family."

The findings indicate that the total group of children in care had an academic achievement slightly less than would be expected from their

average intelligence. Possibly they might have done no better had they stayed in their own home; it is notable however, that the more intelligent children were particularly unlikely to achieve their full potential. Adding to this was the poor task performance of children with higher intelligence at the end of care relative to their own starting point. The comparatively poor progress of more intelligent children may have to do with natural family loyalties and with the greater amount of agency help usually given to children who are slow learners. In general it might be said that the less intelligent child is more likely to benefit from agency care, in terms of making progress from his own base-line.

The Relative Progress of Boys and Girls

The differential progress of boys and girls has always been of interest in the behavioural sciences. It is usually thought that girls adapt more easily to social expectations in school and at home, probably because they have more access to the parent of their own sex for modelling purposes. Also, boys are more likely to become involved with the courts, probably because girls who act out usually confine this to sexual behaviour, and are less likely to be identified as delinquent.

The findings of other researchers about the comparative progress of boys and girls in care have been inconclusive. One study showed no association between sex and successful placement.[6] In a follow-up study of 66 ex-foster children aged 28 to 32, it was found that the girls received better education than the boys and their husbands had better incomes than the male ex-foster children.[7] Another study, in which 316

long-term foster children were rated "satisfactory" or "unsatisfactory" by their workers, more boys (85%) were "satisfactory" than girls (74%).[8]

In the present study, there was no correlation between sex and either social or academic progress, although the boys had a tendency to more problems throughout, except for emotional problems at the end, as shown on Table 9.

Table 9: The Presence of Behaviour, Emotional and Task Problems Correlated with The Child Being Male

Behaviour - (beginning)	.20
- (end)	.19
Emotional - (beginning)	.16
- (end)	.09*
Task Performance - (beginning)	.22
- (end)	.21

*Not significant at the .05 level.

The greater incidence of problems with boys is consistent with the differences mentioned at the outset. It is noteworthy, however, that there was not a significant difference between boys and girls when each child's progress was measured from his own baseline. Possibly the experience of long-term care has such an impact on the child that it overrides the usual differential effect of society's expectations on boys compared to girls. Although it is easier for girls to meet society's expectations generally, there is no reason to believe they are less affected emotionally by the loss of their family. This suggestion is strengthened by the absence of a significant difference in the emotional problems of boys and

girls at the end of their time in care.

In effect, the girls in the population studied did not do as well as expected relative to the boys. They had fewer problems at the beginning of their time in care but they did not maintain this advantage in the area of emotional problems. Their use of intellectual potential as shown by school achievement was similar to the boys. The latter demonstrated significantly more problems than girls in all areas except emotional problems at the time of discharge. Yet the fairly equal social and emotional progress of boys and girls suggested that girls may lose some of their socio-cultural advantage when they come into agency care.

FOOTNOTES

1. Parker, Decision in Child Care (London: George Allen and Unwin, Ltd., 1966), p. 43.

2. Meier, "Adults Who Were Foster Children", Children (January-February 1966), p. 21.

3. Murphy, "Natural Family Pointers to Foster Care Outcome", Mental Hygiene (July 1964), p. 391.

4. Trasler, In Place of Parents (London: Routledge and Kegan Paul, 1960), p. 209.

5. Dinnage and Pringle, Foster Home Care: Facts and Fallacies (New York: Humanities Press, 1967), p. 90.

6. Parker, op. cit., p. 41.

7. Meier, "Current Circumstances of Former Foster Children", Child Welfare (October 1961), p. 201.

8. Murphy, op. cit., p. 385.

CHAPTER 3: EXPERIENCES BEFORE ADMISSION RELATED TO PROGRESS IN CARE

Placements Before Final Admission

It is the policy of child welfare agencies to avoid moving children from one home to another. Such changes are expected to create insecurity for the child. Thus it was anticipated that placements prior to the final admission would be associated with poor progress in care. In fact the findings did not support this expectation.

The majority of children had experienced moves prior to their long-term admission to care. Some had been in short-term agency care while others had been placed privately. There were 68 children who had one previous placement; 23 had two; and 25 had between three and nine different homes. The only outcome variable associated with prior placements was the presence of "task problems" at the end of the time in care. All the conditions associated with prior placements are shown on Table 10.

Table 10: Other Variables Correlated with Prior Placements

Marriage Problems	.21*
Adequate Physical Care	.18
Drinking Problems	.17
Low Years in Care	.16
High I.Q.	.16
Task Problems (end)	.15
High Age at Admission	.14

*Significant at .01 level (correlation of .19 with 198 degrees freedom). All others significant at .05 level (correlation of .14 with 198 degrees freedom). Subsequent tables can be interpreted by same standards.

It is notable that there was not a significant correlation between prior placements and problems in the behavioural or emotional areas.

The only exception to this trend was the association with task problems at the end of the time in care, which has been discussed earlier. Generally there was no correlation with social or academic progress. These results are supported by Parker's research which concluded that a succession of previous moves were not associated with foster home failure.[1]

One implication of these findings relates to agency attitudes toward private placement by the parent as an alternative to agency care. Often the agency is reluctant to suggest this to parents, because the quality of private placements is unknown.

The results described above indicate that this attitude deserves reconsideration. The only indication that prior placements might be harmful was the association with problems in task performance at the end of the time in care. For most of the children, this referred to their performance in jobs at age 18 or older. A poor performance may reflect their alienation from society's values or expectations, as opposed to an inner disturbance. It is possible that such alienation may be the result of a disruptive home environment. Parents of these children tended to have marriage and drinking problems rather than the more usual physical and financial inadequacies. Such circumstances would create anti-social attitudes in the child because the values of his family were different from most others. This effect would operate whether or not private placement were tried before admission to care. In relation to other aspects of progress, however, they do not seem to have an effect.

The present findings also provide some indication about the functioning of the original families when children had a number of private placements before coming into care. These families tended to have marital and drinking problems but to have given adequate physical care to their children. In effect the parents may have become disorganized by marital discord or drinking but they still have enough strength to make alternative arrangements for their children. They also showed strength by keeping their families together longer, according to the relatively high age at admission. The fact that these children had a higher I.Q. as a group could suggest that their parents as a group may have been more intelligent than the parents of children who came into care permanently on the first occasion when the family broke down.

In summary then, the findings do not support the idea that placement of children by their parents prior to permanent agency care is detrimental to their progress. In fact, it seems to be the stronger families whose children have this experience, where the physical care of the children has been adequate and the family has stayed together longer.

Experience with Natural Family

One of the premises of this study was that some significant associations would be found between the natural family's situation and the progress of the child in care. This would lead to some tentative conclusions about the family circumstances under which admission to care was likely to result in good poogress, as related to the child's own base-line. The rationale for this expectation came partly from other researchers who did find such associations, as described in the Introduction. It came also from the belief that a child who spent at least the first three years of

his life with his natural family will be greatly influenced by this experience.

In fact, only a few associations were found between natural family circumstances and the child's problems or progress in care. These are shown on Table 11.

Table 11: Correlation Between Natural Family Circumstances and Child's Progress

Death of Parent(s) with Good Academic Progress	.15
Death of Parent(s) with Good Task Performance (beginning)	.17
Socially Deviant Behaviour of Parents with	
- Poor Task Performance (end)	.17
- Poor Task Performance (beginning)	.09*

*Not significant at the .05 level.

Death of Parents:

The association between the death of one or both parents and good academic progress was consistent with Murphy's results, which showed a high percentage of satisfactory outcome for children whose families had been broken by death.[2] Parker's findings did not agree, as the death of the natural mother was significantly associated with breakdown of placement.[3] However, the age groups were very different, as 64% of Parker's children were under three years when the separation occurred. It could be conjectured that the death of a parent could damage a very young child's ability to form primary relationships with parent figures.

In the present study, the relationship of parental death to good task performance at the beginning of care was another indicator of favourable results for children who had lost one or both parents through death. It is possible that a child finds it easier to be in agency care when this

can be partly attributed to the death of a parent. His feelings toward this parent will probably be less conflicted than a child's feelings toward a living parent who has deserted him. Also it is easier to explain his situation to others when one or both parents are dead.

Family Dysfunction:

Some of the indicators of family dysfunction available in the case records were socially deviant behaviour on the part of parents, marriage problems, mental illness and drinking.

Socially,deviant behaviour on the part of the family referred to promiscuity, sexual perversion, criminal activity, and chronic assault by one or both parents. As shown on Table 11, this was associated with a poor task performance at the end of placement, although not at the beginning. Similar results linking poor outcome with parental deviance were arrived at by Murphy who concluded that pathological behaviour by the family was strongly associated with poor outcome for boys.[4] A possible reason for this association has been mentioned in the discussion about task performance, namely that the child's loyalty to his original family precludes him from adopting the values of society regarding school and work. The finding that children from socially deviant families tend to have more task problems at age 18 to 21 lends support to the idea that task problems relate back to identification with the original family. A wide social gap between the child's socially deviant family and the foster family would make it more difficult for the child to accept the values of the latter.

The marriage problems of a child's parents, including their separation prior to his placement, did not appear to affect outcome. Parker had similar

results[5], while Murphy found that girls seemed to be adversely affected by the separation of their patents while boys did not.[6] A possible explanation for the lack of association might be similar to that suggested regarding sex and the progress of children in care. Although marital discord and separation are generally thought to be damaging to children, the complete separation from the family might be an overriding consideration. That is, the insecurity created by total separation from the family might be such as to minimize the difference between children according to the marital stability of their natural families.

It is possible to make a similar suggestion about the absence of association between mental illness of the parent and the progress of the child in care. There is evidence that mental illness in parents affects the children who are living with them. It was found that the unplaced children of hospitalized patients ahd more neurotic traits, behavioural and school difficulties if their parents were mentally ill than if they were hospitalized for tuberculosis.[7] Among children in care, however, the preceding family experience may be minor compared to the loss of the parents. Another relevant point is that most mentally ill parents were hospitalized, thus providing their children with some rationale as to why they were in care.

Drinking problems on the part of parents also seemed to be unrelated to children's problems or progress ir care. The same possibilities mentioned above could be reiterated. Although a drinking parent is likely to give inconsistent care, this may not be as threatening to the child as it appears to the social worker and is probably far less traumatic than

permanent separation.

It is of interest to note that parental drinking problems were significantly related to two other variables. First, they were associated with an absence of emotional rejection (.23) and second with a high number of replacements in care (.15). The marked absence of emotional rejection might be connected with the dependency of alcoholic parents on their children who often look after them when they have been drinking. The relative frequency with which these children moved from one home to another might also be due to their unusual experiences with parent figures. It does not seem that they felt closer to their parents than did other children, as there was no correlation with natural family identification. They were probably slow to trust adults because their parents had been unreliable. Also, they may have worried a great deal about their parents and failed to relate to foster parents because of this. The following case is an example.

> Nancy, a former foster child in her twenties, said she felt her parents needed her because they could not look after themselves. She felt guilty about staying in care, although she did not really want to live with her parents.

From the foregoing, it may be expected that the children of parents with drinking problems will need help in trusting adults and in settling down to their own lives without feeling responsible to their parents.

In general, disruptive conditions in the child's home, such as social deviance of the parents, marital problems, mental illness or excessive drinking were not associated with the child's problems or progress in long-term care. The only exception was the association between social

deviance and problems in task performance at the end of the time in care, possibly because these children identified with their parents and felt alien to society. When there were drinking problems, it seemed that the children were more wanted by their parents and took longer than usual to settle down in a foster home. But their progress was not significantly different from that of other children. It was suggested that perhaps these abnormal family circumstances, which ordinarily would be expected to create problems for the children involved, were much less significant than the permanent separation to which all the children in the study were subjected.

Treatment by Natural Parents

A further consideration in assessing the effect of the child's original family circumstances on his progress is the interaction between them. The records contained certain information about parent-child interaction such as emotional rejection, physical and sexual abuse, and the adequacy of parental control. With this information, the association between the parent-child relationship and the child's progress in care could be tentatively explored.

Emotional Rejection:

The working definition of emotional rejection for this study was simply that there be some indication in the record that the parent did not like the child or was prejudiced against him. The serious view taken by social workers of "emotional rejection" as damaging to a child is shown by its inclusion in the 1965 Child Welfare Act as grounds for removing a child from its parents. The findings of this study, however, do not support a view that emotional rejection as defined above, is particularly damaging

to a child. The association with other variables showing problems or progress are given on Table 12.

Table 12: Correlation Between the Child's Progress in Care and Emotional Rejection in the Natural Family Prior to Placement

Good Social Progress		.21
Emotional Problems	- (end)	.14
	- (beginning)	.30
Behaviour Problems	- (end)	.07*
	- (beginning)	.27
Task Problems	- (end)	.02*
	- (beginning)	.23

*Not significant at the .05 level.

The only comparable research on this point is Murphy's: it links emotional rejection with unsatisfactory outcome for boys,[8] but makes no attempt to discover whether the boys had a smmilarly unsatisfactory adjustment at the beginning of placement. As demonstrated by the table, the children in this study who were emotionally rejected tended to have problems at the beginning, but there was an association with progress in all areas.

Emotional rejection was also found to be associated with some conditions of treatment when the child was in care, as whown on Table 13.

Table 13: Correlation Between Presence of Emotional Rejection by Natural Parents Prior to Placement and In-Care Variables

Contacts Apparently Initiated by Child	.25
Child not Placed with Siblings	.24
Parental Support at Separation	.23
Casework Help about Separation	.18
Lack of Identification with Natural Family	.14

These correlations indicate that children who were emotionally rejected tended to be prepared for separation by their parents, to be given some control over their contacts with natural family and to receive casework help about the fact that they were in care. When these conditions were not present, individual cases showed poor results.

> Jim had been emotionally rejected by his parents when he came into care at age 4. He did not seem to have been prepared for placement and his father would visit his brother at the receiving home but not ask to see Jim. He was very fearful and trembled all over when moved from the receiving home to the foster home. In school he could not sustain interest and seemed hyperactive. At age 18, he had a very poor attitude to life, saying that he wanted to chop people up with knives, kill himself, and all those in authority over him. Despite these signs of extreme emotional disturbance, there was no record that any of his workers had ever discussed with him how he felt about his family.

Thus, the outcome for children who are emotionally rejected by their own parents, contrary to expectation, was fairly good. They tended to achieve as well as the others academically and showed a distinct improvement in other respects throughout the period in care, probably as a result of the relatively good casework they tended to receive.

Physical and Sexual Abuse:

There has been a great deal written on the physical abuse of children

since the pioneering work of Helfer and Kempe. It is generally felt that physical abuse is symptomatic of a neurotic relationship between the parent and child.[9] One example of this is the parent who projects onto the child all his negative feelings about himself; as a result, the child usually develops a very poor image. When such a child is separated from the offending parent, he will need casework help to resolve the feelings created by the abuse or he will have lasting emotional problems. Another aspect of the theory on physical abuse is that is is usually an outcome of the parent's attempt to discipline his child, but the behaviour of abused children seldom provokes or warrants the abuse they receive.[10]

Physical abuse was experienced by 23% of the children. It was consistent with the above theory that the abuse was out of proportion to the child's behaviour that this group of children had no more behaviour problems than the others at the beginning of placement.

The details of the child-parent relationship were not covered fully enough in the records to allow for assessment of neurotic elements; but it was interesting that a disproportionate number of abusing parents felt their children were out of their control (p .001). As for the effect on the child, these children had no more emotional problems while in care than the others, possibly because most children in care have a lowered self-image and have conflicts to resolve about their parents.

Sexual abuse within the family has not been explored to the same extent as physical abuse. In cases brought to the attention of agencies, the abuse tends to involve girls who are approached by older males in their homes. It is often suggested by the compliant behaviour of the

girl that she has been a co-operative participant in this relationship. A common situation is for the mother to be absent or extremely passive and for the girl to respond to the attention given to her by her father. In such the girl would probably have some guilt feelings about the relationship and could be expected to have emotional problems when admitted to care.

Recent literature on victims of sexual assault suggests that the girl may encourage or receive gratification from such a relationship. If this is true, the experience would probably leave her with guilt feelings. Thus, girls who were involved in sexual abuse would be expected to have emotional problems when they came into care.

Sexual abuse was found in 3% of cases. It was correlated with emotional problems at the beginning ($p < .05$) and behaviour problems at termination ($p < .01$), the only time this combination of problems occured in the correlations. The emotional problems at the outset could be explained as above, but the shift to behaviour problems at the end needs exploration.

As expected, it was found that 5 out of 6 involved in sexual abuse were girls. The most common behaviour problem demonstrated by girls in the study was promiscuity. Although this was classed as a behaviour problem, it was undoubtedly a symptom of emotional conflict too; it is also a logical consequence of disturbance over early sexual experiences, as shown by case histories such as the following.

> Dorothy had been involved incestuously with her father from age 6 or 7 until she came into care at age 11. Her foster mother found her very shy and modest, but Dorothy

> Showed she was worried about her incestuous experience by trying to talk to her foster mother about it. In her mid-teens she rather suddenly became boy-crazy and seductive. Her inappropriate sexual behaviour caused her to be rejected by the foster parents. Possibly Dorothy felt that there was no other way to handle her sexuality than by being the "bad girl" she felt she was. Or she may have been testing out the foster parents with the behaviour she knew would upset them.

Sexual abuse was thus associated with beginning emotional problems, possibly because of the guilt feelings of children who may have cooperated in the sexual behaviour. There was also an association with behaviour problems in the late teens, which usually meant sexual acting out when girls were involved.

Inadequate Parental Control:

One of the important elements in a stable family life is the ability of parents to exercise authority when necessary, in order to protect the child and to teach him self-control. In weaker families this often breaks down, not just during the difficult teenage years, but much earlier when the child first begins to show his independence. The mother in particular may be uncomfortable with authority. She may enjoy caring for infants but falters as soon as the child begins to question her authority at age 2 or 3. Such a pattern is fairly common among families whose children come into care.[11] It was confirmed in this study by the fact that inadequate parental control was not significantly associated with the age of the child. It was expected that it would be a much greater problem in older children.

As discussed earlier with regard to behaviour problems, children who act out their feelings seem to benefit from the relatively firm, consistent handling they receive in foster care. The progress of children in care who had been out of of parental control is shown on Table 14.

Table 14: Correlation Between Inadequate Parental Control and Progress in Care

Progress in Care Variables:	
Good Social Progress	.30
Behaviour Problems - (end)	.10*
- (beginning)	.43
Emotional Problems - (end)	.20
- (beginning)	.35
Task Problems - (end)	.01*
- (beginning)	.32

*Not significant at .05 level.

The association with problems in all areas at the beginning and with good social progress suggests that agency care may bring improvement in cases where parental control has been lacking. The correlation with physical abuse is understandable, in light of earlier comments about parents using abuse when they feel children are out of control. As for sexual abuse, this too is likely to distort parent-child interaction and such a relationship could undermine parental authority.

In summary,then, it seems that children whose parents are unable to control them tend to have numerous problems in their own homes and to show improvement when they come into care.

FOOTNOTES

1. Ibid. p. 54.
2. Op. cit., p. 384
3. Op. cit., p. 59.
4. Op. cit., p. 393.
5. Op. cit., p. 60.
6. Op. cit., p. 384.
7. Ekdahl, Rice and Schmidt, "Children of Parents Hospitalized for Mental Illness", American Journal of Public Health (1962), p. 433.
8. Op. cit., p. 391.
9. Helfer and Kempe, The Battered Child (Chicago: University of Chicago Press, 1968), pp. 109-110.
10. Bryant, et al., "Physical Abuse of Children--An Agency Study", Child Welfare (March 1963), p. 129.
11. Leontine Young, Wednesday's Children.

CHAPTER 4: FAMILY CONDITIONS RELATED TO SEPARATION OF CHILDREN FROM NATURAL PARENTS

The Relative Incidence of Various Contributors to Separation

It has been recognized that "a single cause or circumstances is in and of itself rarely responsible for parental inability to provide adequate care for the child."[1] Thus in this study no attempt was made to find the most important reason for the separation in each case. Moreover, a preliminary examination of the records revealed that in most cases no one reason was given for the admission to care.

In order to identify some of the more important elements in family breakdown, the conditions suggestive of this were recorded on the reading schedule for each case. Then a comparison was done of the frequency with which the condition occurred relative to all the other conditions.

Table 15: Conditions Leading to Separation Of Children From Natural Family

Pre-Care Condition	Frequency of Occurrence Relative to Other Conditions
Marriage Problems (for 71.1% of this group, the marriage was broken)	16.8%
Economic Deprivation for Family	13.1%
Drinking Problems of Parent(s)	11.8%
Inadequate Physical Care of Child	10.9%
Desertion by Parent(s)	10.9%
Socially Deviant Behaviour of Parent(s)	9.2%
Inadequate Parental Control of Child	8.5%
Mental Illness of Parent(s)	4.8%
Emotional Rejection	4.8%
Physical Abuse of Child	4.6%
Death of Parent(s)	4.0%
Sexual Abuse	.6%
Total	100.0%

The relative incidence of the conditions on Table 15 was similar to findings elsewhere. The reasons for admission to care were reported in a large American study. Table 16 gives the comparison between these results and those from the London and Toronto agencies as set out on Table 15.

Table 16: Comparison of Reasons for Separating Children from Natural Parents

Reason or Pre-Care Condition	U.S.A.[2]	Toronto & London	Reason or Pre-Care Condition
Neglect or Abandonment	29%	27.0%	Inadequate physical care, Physical and Sexual Abuse, Desertion.
Death, Illness, Economic Hardship	25%	17.1%	(Physical Illness not included)
Marital Conflict	10%	16.8%	
Unwed Motherhood	9%	--	Not applicable, as children admitted as infants were not included.
Psychological Problems	4%	4.8%	Mental Illness
Other Conditions	24%	34.3%	Inadequate Parental Control, Social Deviance, Drinking, Emotional Rejection.
Totals	100%	100%	

The comparison of conditions associated with voluntary placement of children in the two agencies under study with those in the United States, suggests that the relative occurrence of these conditions is quite similar. The following discussion will attempt to distinguish between the actual care of the children and the attitudes of their parents leading to long-term care.

Inadequate Care Distinguished From Parental Attitudes

Upon examination of the conditions shown on Table 15, some of them could be said to relate more to inadequate care received by children while others reflected the problems of their parents. The reasons related to poor care of children were: Inadequate physical care, physical and sexual abuse, emotional rejection, desertion or death. In the present study these made up only 35.8% of the total adverse pre-care conditions. The remaining 64.2% were indicative of parental problems: marital discord, economic deprivation, drinking problems, inadequate control over children, mental illness or social deviant behaviour.

In comparing the second group of reasons to the first, it could be said that in the second group the emphasis was on the stress being experienced by the parents, while in the first it was on the poor care they were giving to their children. When there is stress on the parents, the child may be coming into care because the parent needs relief rather than because the child needs protection. The following case is an example of this.

> Mrs. T. had an alcoholic husband who beat her and threw bottles at her, according to the later reports of the children. She finally took the children and left, but became discouraged trying to find accommodation. She asked the agency to take the children, which they did, and they were never reunited with her.

It is difficult for the agency to deny such a request when the parent appears desperate and it is fairly easy for the agency to meet the request. Usually the decision is thought of as a temporary measure until the parent gets reorganized. The case of Mrs. S. illustrates this.

> Mrs. S. fell apart emotionally when her husband was sent to penitentiary for an incestuous relationship with their 10-year old daughter. Her doctor said she had to be relieved of some of the responsibility. As a result the six children were admitted to care and in the end they were never returned.

Most Children's Aid Societies do not have a system for providing part-time care to children so that parents can have some relief without total separation. There is a move in this direction with the increased use of non-ward care, leaving the parent with legal responsibility while temporarily taking the child into care. The danger of bringing a child into care, however, is that the actual care of the child is taken over by the agency; because of the demands of child care, the focus of the case may move away from rehabilitation for the family to assistance to the children in their adjustment to foster care. Often the parent reaches the point of wanting to re-establish the family fairly soon after he has been relieved of responsibility. Some concrete help and support from the worker could go far at this point; but this is just when the worker's interest in getting the family reunited is at its lowest, because all his energy has gone into placing the children. If workers were to look past the point of placement to the time when the parent is refreshed, they might choose another way to deal with the crisis. For example, it might seem more profitable for the agency to pay friends, neighbours or relatives of the family to care for the children for the temporary period. This was being done by one worker in a project at the Toronto agency with some success.

In summary, the findings suggest that a significant part of many situations leading to admission to care is the need of the parent for support rather than the need of children for protection. Because Children's Aid Societies have traditionally provided protection, they are more ready to respond with this kind of help, rather than give the kind of support which

might hold the family together.

It is important to differentiate between situations where child care is inadequate and those where parents request placement because they need some relief. In the latter case, the children may be taken into care because the agency has a well-developed program for this, whereas there may be no program to provide relief for the parents while the child in his own home. The danger is that temporary foster care may lead to permanent family breakdown.

Interrelated Conditions in Family Breakdown

Some patterns emerged in the study which suggested that if certain problems were noted in the original family situation, others were likely to be present. The usefulness of this kind of information is that it alerts a social worker to look for other related conditions when one aspect of an identified patterr emerges. It also enables the agency to form a more complete picture of the conditions under which a child is likely to be living, before taking him into care.

Emotional Rejection: The characteristic of the child's pre-care situation which was most notably correlated with other pre-care variables was emotional rejection, as shown on Table 17.

Table 17: Pre-Care Variables Correlated With Emotional Rejection

Adequate Physical Care	.23
No Drinking Problems	.23
Inadequate Parental Control	.22
Not Natural Child of Both Parents	.18
Physical Abuse	.15
Mental Illness	.14

These correlations suggest that parents who emotionally reject their children tend to be relatively adequate in providing physical care and that they are less likely to have drinking problems than other parents whose children come into care.

The association of emotional rejection with inadequate parental control and physical abuse is consistent with research which has been done on physical abuse, discussed earlier. In brief, it has been found that parents who use physical abuse usually do so in an effort to discipline the child whom they feel is out of their control. The associations found between emotional rejection, inadequate control and physical abuse are in keeping with this. It would be understandable for a parent to reject a child whom he feels he cannot control even with physical punishment; he would probably view himself as a failure and blame the child for being the cause of this.

The other correlations shown on Table 17, with mental illness and with the child not being the natural child of both parents, are also understandable concomitants of emotional rejection. They each may suggest a preoccupation with the self or with the marital relationship in which the child might be viewed as an intruder.

The dependency needs of a child may be perceived as threatening by a parent whose own mental health is precarious. Children often demand an immediate response which may conflict with the parents' own needs. Thus the parent may reject the child in a sense of self-preservation.

When the child was not the natural child of both parents, he was described as having "confused status", that is, he was adopted or he was

with one of his natural parents in a new union. The association of confused status with rejection is not surprising. We find in foster care that the stress on the family often results in a request for removal of the foster child. Similarly, in a family under stress, the parents may give up a child who has been adopted or who belongs to only one partner.

Sometimes too, the presence in a family of a child whose status is confused may create problems with integration. With respect to this, no pre-care conditions indicative of stress were associated with confused status. In fact these families had fewer problems of economic deprivation and poor physical care, as will be seen later. This suggests that the main problem may have been related to the family's ability to integrate a child with confused status. If this is lacking, a child may be rejected as a threat to the rest of the family.

Emotional rejection of children seems generally to be associated with situations where parents may be feeling threatened. In the case of discipline problems, the parent may feel himself to be a failure; in the case of mental illness the parent may be overwhelmed by the dependency of the child, while in a family where the child is not part of the primary unit, the child may be sacrificed to preserved the rest of the group.

Physical Abuse:

The proposed relationship between physical abuse, inadequate parental control and rejection have been discussed above. The pre-care variables associated with physical abuse are shown on Table 18.

Table 18: Pre-Care Variables Correlated With Physical Abuse

Inadequate Control of Child by Parent(s)	.27
Sexual Abuse	.19
Socially Deviant Behaviour of Parent(s)	.17
Economic Deprivation	.15
Emotional Rejection	.15

The home atmosphere leading to abuse is suggested by the family conditions found to be associated with it. The families tended to be economically deprived, socially deviant and inadequate in controlling their children. Such circumstances might well produce feelings of frustration and social alienation in the parents.

Parental Inadequacy:

The conditions thus described, emotional rejection and physical abuse, centered around the relationship between parents and child. Another pattern of association was found which was related to general inadequacy of the parents. With respect to this, the two pre-care variables which showed the greatest correlation with others were economic deprivation and inadequate physical care, as shown on Table 19.

Table 19: Other Pre-Care Variables Correlated With Economic Deprivation and Inadequate Physical Care

	Economic Deprivation	Inadequate Physical Care
Inadequate Physical Care	.53	.33
Natural Child of Both Parents	.27	.33
Drinking Problems	.19	.32
Socially Deviant Behaviour	.16	.26
Physical Abuse	.15	Not significant
Child Younger at Admission	.15	Not significant
No Marriage Problems	.14	.14

The conditions related to economic deprivation and inadequate physical care suggest that these parents were inadequate socially, economically and in caring for their children. Breakdown of the family tended to occur early, with aggravating conditions such as drinking and socially deviant behaviour. The absence of recorded marriage problems may indicate that the parents displaced their feelings on their children or on society, rather than on each other. Or it may reflect the hierarchy of problems; as long as the parents were feeling overwhelmed with the demands of child care and financial problems, they could avoid having to focus on their relationship.

The very high correlation between inadequate physical care and economic deprivation suggests that financial pressures may be a significant contributor to poor care of children. In earlier discussion, the point was made that poor care was one of the main reasons why children should be taken into care, as opposed to pressure from parents for admission. Thus, the suggestion that inadequate care may be partly an outcome of financial pressures underlines the need to provide support to families in order to prevent breakdown.

Indicators for Separation

Analysis of the reasons for children being in permanent agency care suggests that the most prevalent reasons did not involve poor care of the child. In cases where the care was adequate, it would seem that no harm was likely to be done if the children were left in their homes while work with the parents was attempted. The majority of conditions were linked

to parental problems, suggesting that the parents may have needed some temporary relief. Thus it is important that agencies distinguish between cases where they decide objectively that the child will benefit from separation, and those where they are under pressure from the parents. When the parents do engineer such a placement, actively or passively, the agency should not make the mistake of moving the focus away from the parental responsibility during the important initial period when the children are in care.

The relationships found between pre-care variables showed that emotional rejection is more likely when the child is not the natural child of both parents. It also tends to be found in conjunction with a discipline problem, and physical abuse is prevalent. These characteristics suggest relatively serious neglect under conditions which are difficult to alter by casework. Studies of parents who physically abuse their children have shown their strong resistance to outside influence. Any rejection arising from the child's natural status is unlikely to change. Also we have seen earlier that children who were rejected tended to make good progress in care. The existence of emotional rejection is thus a fairly strong indicator for separation.

Physical abuse was also associated with socially deviant behaviour, suggesting that these families may have felt alienated from society's standards. It would be overly optimistic to think that these problems associated with emotional rejection and physical abuse could be improved in a reasonable length of time, if the child's safety were in question. This, plus the relatively good outlook for children who were emotionally rejected and those who were out of their parents' control, suggests that

they should probably be taken into care without a prolonged period of trying to work with the family.

Economic deprivation and poor physical care were associated with quite dififferent set of conditions. The related variables were those of inadequate parents failing at an early point under the strain of providing physical care, with the accompanying complications of drinking and socially unacceptable behaviour. They were able to keep their marriages together but unable to absorb the care of children as well; they could be said to have relinquished their children as an act of self-preservation, rather than letting their marriage disintegrate under the strain. It would seem that these families should be given all the financial and casework support possible to improve the care of their children. Only if the care fails to improve with support should the children be taken over by the agency.

Thus emotional rejection and physical abuse seem to be indicators for separation of children from their parents. Inadequate care is an indicator that support is needed; if this fails, then there may be no alternative to admission.

FOOTNOTES

1. Child Welfare League of America, Standards for Foster Family Care (New York: Child Welfare League of America, 1959), p. 7.

2. Ferguson, "Children in Need of Parents: Implications of the Child Welfare League Study", Child Welfare (November 1961) p. 2.

CHAPTER 5: EMOTIONAL SUPPORT GIVEN TO CHILDREN IN RELATION TO SEPARATION

In normal child development, the separation from parents takes many years and is achieved on the child's own initiative after much experience with gradually increasing independence. It can therefore be expected that the sudden, lasting separation af a child from his natural parents will be a traumatic experience. Children who come into long-term agency care will thus require a great deal of support in dealing with their feelings about separation.

The primary source of support for the child in separation is his parents; even if they have been unreliable the child's strongest feelings belong to his parents because of his long dependence on them. A secondary source of support to the child is the social worker who carries out the separation, as this worker comes to represent the link with his natural family. In the following section we shall be examining the preparation for separation given to children in this study by their parents, then the help given later by the social worker.

Adequacy of Preparation by Parents

There is general agreement in the child welfare field that a child being separated from his parents should be given a pre-placement visit to his new home before the final separation from his parents. This was recognized in the Child Welfare Act (Ontario) 1965. Such a step provides a basis for the child to ask questions, express fears and seek emotional support from his parents before the move. When there are no pre-placement visits, it is possible that the child may never discuss separation with his parents. In this case, the preparation will be left to the social worker who may or may not have the necessary conviction and skills to deal with the child's feelings.

It was found in this study that the most common experience as recorded was for parents to cooperate in the separation but for neither parents nor worker to discuss it with the child in advance. It is possible that preparation was given and not recorded; but there were usually 2 to 4 pages of recording at admission and preparation is recognized as such an important area that the worker would be unlikely to overlook recording it. The other kinds of preparation given are shown on Table 20.

Table 20: Incidence and Nature of Preparation For Separation Given to Children as Shown in Case Records

No Parental Resistance, but no Preparation Mentioned	48.5%
Abrupt Separation (Emergency Admission)	22.0%
Discussion of Separation but No Preplacement Visits	16.0%
Preplacement Visits	5.0%
Child Requested Own Placement	2.5%
	100.0%

Most of the children in this study came into care prior to the 1965 legislation mentioned above. The low percentage of children who received preparation by discussion or pre-placement visits would probably be higher after 1965.

The kind of preparation recorded in the cases studied suggested that the parents were often absent and the child was prepared by a relative or by the worker. A common example of preparation by a worker was "It had been explained to C. that it was not possible for her mother to keep her now and that she would be living in another home indefinitely".

An illustration of children who were not prepared for placement was given by a girl taken into the care of an Ontario Children's Aid Society in the late 1960"s. She wrote of her experience that she "didn't know

the real reason why I was going into care or understand what the Children's Aid was for. All I knew was that I was being taken away from my parents. I didn't even know to what place I was going."[1]

A lack of preparation for children coming into long-term care is suggested by the case recording and the later recollections of foster children. At the very least it can be said that usually preparation of the child for separation is not considered important enough to be recorded and that ex-foster children cannot recall being told why they had to leave their families. Some of the possible reasons for this will be discussed below.

Possible Reasons for Inadequate Preparation

Some of the possible reasons why a child might not be prepared for separation from his parents would be that the separation happened too quickly, that the parents could not accept what was happening or that they did not know how to prepare the child. It has been noted in the literature that parents who are hostile and unmotivated are often not involved in placement and the basis is not laid for a salutary parent-child-agency relationship.[2]

The findings lend support to all these possibilities, by the associations found between preparation and other pre-care variables. These are shown on Table 21.

Table 21: Pre-Care Variables Associated With No Preparation for Separation

Inadequate Physical Care of Children	.39
No Emotional Rejection of Child	.23
Child is Younger	.23
Drinking Problems of Parents	.18
Socially Deviant Behaviour of Parents	.14

Some of these conditions are indicative of relatively poor functioning of the family: inadequate physical care, drinking problems and social deviance. Such conditions are understandably linked with an absence of preparation for separation. When the physical care of the child is inadequate, there are drinking problems or other forms of socially deviant behaviour, the worker will feel more urgency to move the child away from the home. Also, it is more likely in such cases that the children will be admitted to care when the parents are absent. Some of the situations giving rise to placement were like the T. case.

> Mrs. T. deserted her husband and their son Norman was subsequently placed in the B. boarding home by Mr. T. The latter became irregular in his payments and finally Mrs. B. was unable to contact either him or his wife. She was finding Norman's behaviour difficult and she eventually asked the agency to take him.

In addition to the above kind of separation, an admission in which there is no chance for preparation is sometimes allowed to happen as a means of avoiding strong parental resistance. The strain on the worker of involving the parents fully in separation is illustrated by the following case.

> Mr. and Mrs. S. were the alcoholic parents of two pre-school children. Their worker, Mrs. B., was ready to make an emergency placement when she visited and found the children alone while Mr. and Mrs. S. were out drinking, despite previous warnings. It was decided after consultation that it would be better for the children to move more slowly. A babysitter was engaged until Mr. and Mrs. S. returned: then they were asked to accompany Mrs. B. on a preplacement visit the next day, before the children were moved to foster homes.
>
> This was not the usual agency practice and it was very hard for Mrs. B. to carry out. She was typical of most child care workers in having less than two years experience,

> although she did have training. There was strong resistance from the S's who appeared quite adequate when they were sober. But in the end they co-operated fully with Mrs. B. and their responsible attitude continued, allowing for an early return of the children. Although the placement was a great strain on Mrs. B., her subsequent work was made much easier, and the entire process was more effective in helping the family.

It is apparent that such a situation would be traumatic for the social worker and that most workers would prefer to remove a child at the point where they found them alone. Thus it is understandable that children tend to be separated without preparation in cases where the parents' behaviour and the physical care of the children are so inadequate as to justify removal.

Sometimes a parent or worker may fail to prepare the child for placement because he is unaware of the child's need. At a time of family crisis, children may hide their anxiety under a mask of unconcern. As a worker said of two boys, aged nine and seven, "they didn't show any unhappiness about coming into care. Rather it seemed to be a game with them."

Parental acceptance of the separation may also influence whether support is given to the child. As indicated on the above table, parents who were emotionally rejecting of their children were more likely to prepare them for separation. As shown earlier, the child who was emotionally rejected would likely come from a relatively well-organized family, but to be out of the parents' control, and subject to physical abuse. The reason for coming into care would be more obvious to the child and more open for discussion. In such cases too, the worker is under less pressure

as parents are likely to be in favour of placement and to cooperate. This creates a relatively good atmosphere for parental involvement in admission to care.

It has been suggested that parents might not prepare their children for separation because they did not know how. This suggestion is supported by the correlation between younger children and lack of preparation. It is natural that a parent would find it easier to give an explanation to an older child who could understand and respond verbally. This suggests that more intervention from social workers is needed on behalf of younger children to make sure they are prepared by their parents. A special kind of skill is required to convey the meaning of placement to a very young child, but it can be done even at a pre-verbal level.[3] The relative lack of support to younger children suggests that social workers are leaving this to the parents' initiative, so they too may be unsure of how to prepare the younger child for separation.

Generally, the indications are that children from disorganized families and younger children are less likely to receive parental support during separation. A double risk exists, as the conditions under which children are least likely to be prepared by parents, are also the conditions causing greatest anxiety to the worker, influencing him to move quickly without preparation or parental support to the child. On the other hand, children who are emotionally rejected, usually due to lack of parental control, tend to be better prepared for separation, probably because their parents have accepted the necessity of placement. It would seem then that the role of the social worker is to ensure that the more vulnerable

groups receive adequate preparation, possibly beginning with an examination of the social worker's own role in abrupt separation.

Adequacy of Casework Help with Separation After Admission

As mentioned above, the child being separated from his parents seeks support primarily from them, and secondarily from the social worker. After the separation, the worker usually becomes the primary agent for the child to work through his feelings about what has happened; the worker is the link between the old home and the new. Foster parents provide support of a different kind, but it is difficult for them to be objective in helping the child with his feelings about his natural parents. The way in which the worker gives support is by helping the child to express his feelings, giving confirmation that these feelings are valid and sharing the child's pain.

Preliminary reading of the records for this study showed little evidence of discussion between workers and children of their feelings about being in care. In the author's experience as a supervisor, workers found it very difficult to deal with children's feelings about being in care. In supervisory discussions, workers tended to agree that these feelings needed to be explored; but in relation to any specific child, they usually found a reason for not doing so. The most frequent reasons given were that the child did not want to discuss the past, or he had "settled down" in the foster home and such discussion would "only upset him."

In consideration of these patterns, it was decided to define casework help about separation in a limited way: if there were any discussion with

the child of the reason for his being in care or his feelings about it, it was considered that casework help had been given. Even with this low expectation, less than half the children (48%) were classified as having had casework help about the separation.

To see in closer perspective the difficulty workers have in discussing separation with children, we can look at a case illustration. Sometimes the worker encountered resistance from the child.

> Barry, aged 7, showed by his disturbed behaviour beginning at the time of admission that he had never adjusted to the separation. His first worker, on transferring the case, noted that discussion was needed to help him resolve his feelings about being in care. The next worker tried to pick up on this, but gave up because "Barry did not seem at all interested." The implication was that Barry did not care about his family, yet the same recording stated that "as soon as he is 18, Barry intends to go out and look for his parents, hoping to bring them together again." Both workers recognized the anxiety this boy had about his family, but were unable to break through his resistance to discussing it.

In addition to the defences set up by the child against discussing painful areas, the worker's own resistance seemed to be operating in other cases. Children sometimes talked about disturbing events in their own homes, but workers did not seem to pursue discussion of the meaning these events had for the child. The following case is an example.

> Daniel, aged 6, told his foster mother stories of his father being drunk and his mother bringing home "boyfriends". The stories were recorded by the social worker, apparently as evidence of the family's inadequacy but there was no record that they were ever discussed with Daniel.

Some workers appeared to be uneasy when children began to ask questions about their own families after showing no previous interest.

> Wayne, age 15, was moved back to London from an out-of-town placement. Once back in London, he began to question his new worker about his parents. The worker's response was guarded. She wrote, "Wayne was told a certain amount about his family and especially about his brother, Jim."

This worker's stress on the relationship with a brother, as opposed to parents, is consistent with the practices mentioned earlier; sibling ties may not mean as much to a child as parental ties, but they are supported more strongly by the worker, as parental bonds may be seen as a threat to the placement.

Other workers were able to discuss children's feelings about the past at some length and enable them to work these through as in the case of Brian, aged 15.

> Brian's worker stated that he seemed to have lost a lot of the resentment toward his natural parents that he once had. He was described as now being able to see his parents' situation as one that resulted from their personal problems with drinking rather than rejection of him.

When children ask questions of foster parents about separation, the latter seemed to be even less prepared than workers to deal with the children's feelings. As mentioned, it was difficult for them to be objective. Their own emotional investment in the child might appear to be threatened by his interest in hiw own family.

> Michael, 8, was on adoption probation with the G's (who eventually requested he be moved). He questioned Mrs. G. persistently about his relationship to the B. foster home where he had previously lived for 3 1/2 years. Mrs. G. would only say that the B.'s had looked after him until he was "found" by the G. 's. Michael was not satisfied with this explanation and continued to ask questions. When Mrs. G. remained evasive, he became very angry. The social worker recorded this, but there

was no indication that she attempted to discuss it with Michael. The ensuing feelings eventually led to difficult behaviour and foster home breakdown.

On the other hand there were cases in which the worker gave a great deal of help to a child in adjusting to the situation of being in care. One example was a worker who stated in the record, "The focus of my contact with John (9) has been to discuss with him his feelings about ... (the institution where he was placed), about his being a ward of the C.A.S., and his feelings about his parents."

Thus, many children who did not get casework help showed a need for this. Some resisted help strongly while others met with resistance from workers or foster parents. With the inhibitions from all three groups, very few children did have an opportunity to discuss their feelings about the past.

Possible Reasons for Inadequate Casework Help

It was hoped that the data might show why resistance operated to prevent casework help being given in some cases but not in others. The variables which were found to be associated with a child receiving casework help are shown on Table 22.

Table 22: Other Variables Correlated With Casework Help

Child Had Some Control of Contact	.30
Frequent Contacts with Parents	.28
Mental Illness of Parent(s)	.27
Emotional Rejection of Child	.17
Good Academic Progress	.16

From the associations with mental illness and emotional rejection, it seemed that workers were likely to discuss separation when the reasons for it did not involve making a judgement on the parents. Workers do not like to tell a child, for example, that his parents are inadequate or socially deviant; but is not as difficult to talk about mental illness or emotional rejection because it is much more obvious to a child that something is wrong. The two following cases illustrate this point.

> Lorna, 13, had a mentally defective mother who was also diagnosed as psychotic. The explanation given to Lorna about being in care was that her mother was not well enough to look after her.
>
> Bruce, 11, was said by his worker to have an understanding of why he was separated from his family. His natural mother was in psychiatric hospital and his father was a deaf mute.

Separation was also more likely to be discussed with a child who was seeing his family, particularly one who saw them on his own initiative.

The positive correlation of casework help with the child's contacts with parents, especially with his control over contacts, suggests that it is more likely that a worker will discuss separation with a child if he is demonstrating an explicit interest in his family. The continuing contact creates a situation in which it is more natural for the worker to explore the child's feelings. Part of the fear of upsetting the child by opening up old wounds is eliminated. Unfortunately, it is probably the children who do not see their families who need casework help most.

It was expected that there would be a correlation between casework help and the worker's training but this was not found. As will be shown later, under "Worker's Training", there is a tendency for trained workers

to encourage children to verbalize feelings; yet this was not evident when it came to feelings about separation from natural parents. A possible explanation for this is that permanent separation from natural parents is so painful even for trained workers to contemplate that the effect of their training is cancelled out by their aversion to engaging in such a painful discussion.

The cases quoted above in which workers were given clues to the child's pain but did not pursue these, could be explained in the same way. The workers appeared to be easily discouraged from talking to a child about the past if he were not responsive; they even failed to follow up a child's reports about life with his family. This may have been due to their own discomfort about the pain the child had experienced. The easiest way to deal with such discomfort is denial. For example, many parents giving sexual information to their children will report with some relief that the child showed little interest in this. Most children are curious, even eager, to have information about sex, but the parent's obvious embarrassment causes the child to try to escape an uncomfortable atmosphere by bringing the discussion to an early end. It is the same with a child's abnormal status as a foster child. The first time this is mentioned, both worker and child are uncomfortable. It is difficult for the worker to pursue the subject if the child resists. Conditions are made worse if the reason why the child is in care is ambiguous or if there have been no family contacts. The following is a fairly typical example of cases in which the worker tried to have a discussion with the child but receive no response, so apparently did not pursue the child's feelings.

> The worker recorded that she explained to Larry, 9, that he would be with the agency for another year and why. Larry did not comment on this.

As shown in preparation for admission to care, older children are more likely to get an explanation because it is easier to have a discussion with them. The age of the child at the time subsequent casework help about separation was given was not part of the data collected. It was noted, however, that nearly all the case examples drawn out by the readers were of older children. The following are cases in point.

> Vernon, at 15, was seen by his worker who recorded that "we began to talk about some of his feelings toward the C.A.S. and toward his placement in his foster home".

> Gerry, 18, told his worker "his whole life history since coming into care and spoke bitterly of the foster home placements and disappointments he had over the years".

These illustrations suggest that the workers were willing to discuss a child's feelings about being in care when the child was able to express his feelings due to age and the ability to verbalize.

Generally, there did not appear to be adequate help given to children with their feelings about separation, as less than half the cases had any record of this. The suggestion which seems most likely from the available information is that workers were deterred by the pain involved in discussing separation. The conditions which were associated with casework help -- continuing contact with the family and more easily acceptable reasons for separation -- would tend to minimize the child's pain and in turn make it easier for the worker to explore his feelings. Also the lack of association between worker's training and casework help is consistent with the suggestion that the workers themselves had strong feelings about the separation of children from their natural parents, feelings which tended to cancel out the effect of their training.

Preparation for Separation and Subsequent Discussion of Separation Related to Progress of Children in Care

A child who is prepared for change in his life is usually expected to do better in adapting to it than a child who has a sudden change thrust upon him. Most social workers would not question this in relation to normal life changes such as the partial separation which occurs when a child begins school. When a traumatic event such as total separation from the natural family is about to occur, however, workers are often reluctant to give children much warning or to encourage them to express their feelings about it. Their rationale is that this will increase the child's anxiety level, thus making separation more difficult for him.

One means of testing the value of preparation for separation is to compare the subsequent progress of children who were prepared to those who were not. The pre-care variables correlated with preparation for separation have already been shown on Table 21. The following table shows the remaining variables correlated with preparation.

Table 23: In-Care and Outcome Variables Associated With Preparation for Separation

Low Number of Years in Care	.20
Child Has Some Control of Contact	.17
Low Number of Workers	.15
Good Academic Progress	.15

The positive correlation of preparation for separation with good academic progress supports the idea that such preparation is beneficial to the child. In addition to this, there were individual cases, such as the one which follows, where the sequence of events gave a fairly clear picture

of the child's reaction to abrupt separation.

> Tim came into care at the age of 6, without any preparation, and subsequently had almost no contact with his parents. His mother asked to see him the day after admission but was refused. Tim came from a family of 8 children and, when first separated from them to go to a foster home alone, he used to telephone his brother, the only one whose whereabouts he knew.
>
> After three years in care, and as many foster homes, he was described as a child who would "freeze" or withdraw to fend people off. Tim also seemed to invite rejection at an early point in his placements by finding a point where the foster mother's tolerance was low and constantly aggravating her. He succeeded in breaking down one home after another, so that he never formed any close ties with adults; also he always underachieved in school.

It cannot be said for certain that Tim's lack of preparation was the cause of his inability to form close relationships thereafter. His attempts to make contact with his brother show that there was some closeness in the family however and he was not able to achieve a meaningful relationship with any substitute family. It could be said that this is an example of a "clear break" with the natural family and that the results are not reassuring.

Thus, the relatively good academic progress of children who were prepared for separation compared to those who were not tends to support the above idea of giving preparation. On the other hand, the fear of some social workers that preparation will add to the child's anxiety, making separation more difficult, is not supported by the findings.

Subsequent Discussion of Separation

It is accepted that an important part of the worker's role with the child in care is to help him to resolve his conflict about his situation, i.e. feelings of having been deserted by his parents and uncertainty about his status as a foster child. Yet there seems to be a gap between theory

and practice on this point, as the majority of children did not receive such help. Some idea of the benefits to be gained by a discussion of feelings about separation is indicated by a comparison of children who received this kind of help with those who did not.

As shown earlier, on Table 22, there was a positive correlation between casework help regarding separation and good academic progress (p .05). This finding is supported by other researchers. Weinstein found that the child's understanding of the circumstances of placement were positively related to well-being as assessed by social workers.[4] Further, in a review of the research on foster care, Trasler, Holman and Sants were given as references from which "we can infer that to pass on as much knowledge as possible to foster children is in the long run worthwhile, however difficult."[5]

Occasionally a direct relationship between casework help and the child's progress could be found in the record, as follows.

> William, 17, was concerned about why he had come into care initially and never returned to his family. After being given information from the family file, he was able to alter his fantasy family image to a more realistic one.

A further illustration of the effect of casework help was given by a worker who saw a former foster child several years after discharge.

> Diane, at 16, had been out of the agency's control and had run away to a larger city where she earned her living by prostitution. At 18 she returned to London and tried to find a legitimate job. She had a very poor self-image and her former worker, Mrs. L., met her by accident. They had a few talks and Diane brought out her wish to know more about the past, mainly why her father had not kept her with him after her mother had deserted the family. The worker was able to tell her of the real effort her father had made to keep the family together, before he finally gave up and asked the Children's Aid Society to take them.

When Mrs. L. accidentally met her again six years later she seemed to be functioning as a constructive member of the community. She was married and was attending a Home and School Association meeting at the school where her child was in kindergarten.

Another case illustrated dramatically the danger of avoiding discussion of the reason for being in care.

Beverley came into care at age 7 on the discovery that her father had been sexually assaulting her, apparently for some time. Her father was sentenced to five years in penitentiary and no one mentioned him to her afterward. At age 12 she was reported to be "surprisingly well adjusted, considering what she had been through." There was one sign of concern when she told her foster mother she had been warned by her mother that she would never be able to get married and have a honeymoon. The foster mother handled this by reassuring her that it was not true. The social worker was satisfied to allow this issue to rest; everyone seemed to be confident that a simple removal from the unhealthy home had been all that Beverley needed.

At age 14, Beverley revealed that she was afraid of her father looking for her and finding her, knowing that he was now out of jail. Once again, simple reassurance was used and she stopped talking about this. Later the same year, however, the foster family broke up under circumstances which recreated the fear of her father. The foster mother left with another man and Beverley became very frightened of her foster father when left alone with him to the extent that she was hiding from him.

After this crisis, all Beverley's inner turmoil came out in the open. She rather abruptly stopped being a sweet little girl and began to act the part of the delinquent, smoking, staying out late, bringing home a varied assortment of boys and being destructive around the house. It was hoped at first that this was a passing phase, but it lasted and became worse.

At age 16, Beverley was apprehended by the police for theft. She had been through a number of foster homes since her original one broke down two years before, had quit school and would not stay at a job. The worker said she was "living on drugs, cigarettes and True Confession magazines." She sent a picture of herself to her two younger brothers in which she was lying on a bed, in baby-doll pyjamas, looking very much like a prostitute.

During her pre-adolescent years Beverley did not give many clues, according to the record, that she was not the sweet, well-adjusted girl she seemed to be. The only real evidence the worker had that she needed help was the experience she had with her father before coming into care; but the worker chose not to deal with this, probably out of fear that it would upset Beverley to have the past brought up.

Beverley's behaviour suggests that she felt guilty about the relationship with her father and about the evasive response of adults when she tried to talk about it. In the absence of opportunities for verbal expression she began to act out her feelings of badness. The chronology of Beverley's deterioration shows the danger of ignoring the past on the basis that the child seems well adjusted. It is possible for inner conflicts to be repressed for some time and to resurface at a later stage, causing even more turmoil than they did originally. There are many cases where this important aspect of long-term care is never dealt with, and the consequences for children in later life are serious.

The findings show that preparation and subsequent handling of separation reactions are not routinely done. They tend to occur, however, in conjunction with other conditions which would lessen the worker's anxiety, suggesting that it is partly worker resistance which blocks preparation and post-placement casework. The benefits to children who do receive this help are confirmed by their comparatively good academic progress.

SECTION III: THE CHILD'S PLACEMENT EXPERIENCES

CHAPTER 6: CONTACTS WITH NATURAL PARENTS

Frequency of Contacts with Natural Parents after Separation

Relative Infrequency of Contacts:

When children first come into care, it is not usually expected that this will be permanent. Thus arrangements are made for them to have ongoing contacts with their families, to whom it is hoped they will eventually return. The frequency of visits, but as the purpose is to sustain family ties it seems reasonable that at least monthly visits would be required.

The findings, which were based on the first year in care,[6] revealed that the average child saw his parents much less than once a month, the median being 2-4 times for the year. The distribution is shown on Table 24.

Table 24: Contacts with Parents During First Year

Number of Contacts	% of Children
10 or more	24.5%
5 - 9	20.5%
2 - 4	25.0%
1	10.0%
None Mentioned	20.0%
Total	100.0%

As mentioned above, contacts with the natural family would probably have to be at least once a month in order to provide any continuity for the child; yet only a quarter of the children had this frequency of contact. It could be expected that contacts in subsequent years would decline for the group as a whole. In another Canadian study the trend

for 40% of the children showed a decrease after the first year in care, while only 11% had an increasing number of visits over the child's time in care.[7]

The infrequency of family visits during the first year in care suggests a lack of emphasis by the agencies on family ties. Further, it illustrates the slowness of the agencies to incorporate current theory into their practice. In 1959, before many of these children came into care, the Child Welfare League of America stated in "Standards for Foster Care Service" that they were committed to "preserve the child-parent relationship to the fullest extent possible."[8]

Possible Reasons for Infrequent Contacts:

As mentioned above, child welfare principles assert a commitment to the preservation of ties with the natural parents. Thus the absence suggests that there may have been resistance to contact. This may have been on the part of the parent; as noted earlier some parents make themselves unavailable after admission, possibly because they feel guilty about their children coming into care. Or it may be related to conflict between the worker and parent, which inhibits them from co-operating on visiting plans. Another source of resistance is from foster parents; a foster parent who is trying to help a child "settle down" in a new home may be averse to visits with the natural family.

When there was no mention of visiting at all in the record, it was taken that the agency had not encouraged contacts. This was the most typical occurence, as shown on Table 25.

Table 25: Encouragement of Contacts With Natural Family

No Evidence of Encouragement in Record	30.0%	
Definite Encouragement	25.5%	
Less Definite Encouragement	23.0%	
Some Discouragement	9.5%	
Discouragement by Foster Parents	5.5%	17.5%
Definite Discouragement	2.5%	
Cannot be Assessed	4.0%	
Total	100.0%	

The lack of agency encouragement reflected in the records is illustrated by the following typical case example.

> Peter, aged 12, was given a visit with his mother when this was requested by both of them. The worker said "they accepted restrictions on this" but she gave no reason why she thought restrictions were necessary.

The imposition of restrictions without reasons being given suggests that visiting was not routinely encouraged by the agency. The thinking of some social workers which led to restrictions on visiting was shown in some individual cases. The recorded comments of workers were similar to those related to discussing separation; children were said to be "not interested" in their parents. Individual cases showed that appearances could be misleading as illustrated by the following case examples.

> Larry was not allowed to see his mother after age 4 because she was said to be a bad influence on him. He grew up in the foster home behaving as though he had forgotten her. When he was 20, they were reunited and he moved back with her, despite all the years they had been apart. She had tried to see him several times but he was never told this and must have felt deserted by her in the intervening years.

> Jim was another boy who never saw his parents. When he was 14 his mother asked to see him, so the worker approached Jim indirectly, asking if he ever thought about his mother. He said "no" so the worker refused to arrange a visit, thinking it would "only upset him." When he was nearly 18 Jim saw his mother, and, at her invitation, began to visit her every weekend, finally moving back with her.

This may be an opportune point at which to mention the serious consequences of allowing contacts to lapse, in terms of the possible future reunion of the family. There was no way in this study to assess whether parents would eventually have taken their children back, had there been contact, but case illustrations suggested that the agency's attitude toward contacts in the early stages could be crucial. The C. case is an example of this.

> Mrs. C. had asked the agency for help in planning for her 6 children about a month before they came into care, as she knew they were going to be evicted. When the eviction came she left the children with friends and did not come home that night, so the agency had to admit the children on an emergency basis.
>
> Mrs. C. came to the office the next day asking to see her children. As she had no plans for accommodation, she was told they needed time to "settle into" their placements, and it would be best if she did not see them right away. A few weeks later Mrs. C. left town and did not return except for court hearings. The children eventually became Crown Wards, despite the fact that the family had been together since the birth of the first child, 14 years before this admission.

The decision of the agency not to allow contact between mother and children immediately following the separation was probably made with the motive of minimizing emotional conflict for the children.

From the point of view of family unity, however, it was a crucial decision, marking permanent break in a family which had held together for years. The importance of agency encouragement was described in an article written by a mother who had her children in the care of an American agency. She said, "Sometimes in my attempt to maintain contact with all my children I felt like I was running an obstacle course and if it hadn't been for a couple of workers who just refused to let me give up, I think I would have thrown in the towel on a number of occasions."[9]

Thus the absence of agency encouragement of visiting may have serious implications for a child's future.

Some of the comments made suggested that visiting was seen as a threat to the stability of foster placements. In fact it was found that the only in-care variable associated with encouragement of contacts was the socio-economic level of the foster home. When this was high, visiting tended to be encouraged ($p < .01$). Presumably these foster parents were more secure about themselves and less threatened by the child's loyalty to his natural parents.

Generally it would seem that encouragement of contacts was not the norm in these agencies. There were many examples of restrictiveness and of misperceiving children's feelings. Also, the only condition associated with encouragement was related to the foster parents, rather than the child or his family.

The question of whether visiting is determined by the child's interest or the agency/worker orientation can be further explored by considering the conditions associated with frequent visiting. These are shown on Table 26.

Table 26: Other Variables Correlated With Frequency of Contacts

Casework Help About Separation	.28
First Worker Had Training	.23
Parent(s) Not Dead	.23
Some Contacts Apparently Initiated by Child	.22
Low Number of Placements	.19
Child is Male	.14

The association between frequency of contacts and casework help was noted earlier. It was suggested that it might be easier for the caseworker to discuss a child's situation with him if he were still seeing his family. Alternatively, it is possible that such discussion might give the child reassurance that it was permissible to seek out his family. For example, one teenaged girl in the study lived in a foster home with two others of similar age. When a new worker began to discuss the past with them, the girls first denied any interest in their families. Within a few weeks, however, all three had independently made efforts to contact some of their relatives.

The worker in the above case was one of few trained workers in the agency giving direct service to children in care. The approach he took is relevant to the earlier discussion about professional training; he did not wait for the girls to show interest in their families but simply

assumed they had feelings that should be explored with them.

Thus, the association between the contacts and casework help suggests that where the two exist, there is a more open situation between the child and the agency. This brings about a willingness to discuss the past and a recognition of its meaning to the child.

The association between the worker's training and frequent contacts is consistent with other research findings about trained workers. It has been found that untrained workers scored higher than trained ones in the need to discourage verbalization of feelings.[10] Thus it might be expected that a trained worker would be more willing to risk having continual natural family visits which might arouse feelings in the child. Also trained workers are more likely to be influenced by theories about the importance of the child's natural family. It has been noted that non-professional workers usually feel the pressure of agency expectations more strongly than professionals, who tend "to orient to the social work profession and not to the agency."[11] Thus an untrained worker is likely to follow what he perceives to be the prevailing agency practice, rather than adhering to professional theories. A primary consideration of agency practice is the retention of placement resources. There is considerable pressure on most agencies, with a chronic shortage of foster homes, to hold on to existing placements. Thus if visiting seems to be in conflict this this goal, an agency-oriented worker will be more likely to discourage contacts.

There is evidence that workers acceded to the wishes of the child when these were made explicit. Children who took the initiative tended

to have more frequent contacts with their families. This suggests that workers were willing to meet the child's needs, despite agency or foster home pressures, if the child made these clear. There were a number of examples of this.

> Ted asked if the worker would call his grandmother. Subsequently arrangements were made with the grandmother for Ted to spend the Christmas holidays with her."

Another case record stated that "weekly visits were initiated one month after admission to care at the request of both mother and daughter."

As we have seen, the variables associated with frequency of contacts suggest that the worker's own background, the insistence of the child, and the openness between them regarding the child's past all appear to influence the decisions about visiting. The level of the foster home also appeared to be influential in whether contact was encouraged. These findings are underlined by the lack of association between family characteristics and visiting. As there appeared to be discouragement of visiting for some children, it was expected that this would be with families where there were problems of drinking, abuse, or social deviance. Yet the only correlations were with the child being a boy and the parents being alive. It appeared that visiting depended more upon the child's worker and upon the openness of the worker-child relationship than upon the nature of the child's family.

A further reason for lack of visiting, which was not identified by the reading schedule but was found in individual cases, was the unavailability of parents. The following are examples of this.

> Paul's father, Mr. H., was said to have made no contact with the agency since Paul came into care two months earlier. The worker concluded that Mr. H. evidently rejected Paul and had no interest in his problems.
>
> Barbara, 13, did not see her parents in the 6 months following her admission to care. The record stated that at the end of this time a visit was to be arranged for the Easter holidays. However, nothing was heard from her parents by this time, so plans had to be set aside.

Sometimes visiting is made difficult by the unreliability of a parent in keeping appointments. Indications of this were found in some cases, such as "An arrangement was made for the mother (of three children) to see them at the receiving home but she failed to show up." The efforts of a worker were shown in another case where a parent was irregular: "I have stressed to Mr. R. how important it would be to K. to have his father come and visit regularly."

The other finding of note shown on Table 26 is the positive correlation between frequent contacts with the natural family and a low number of replacements. This will be discussed in the following section.

Frequency of Contacts with Natural Parents and Progress in Care:

There are theories about separation which have strong implications for maintaining child-parent contacts, but these are difficult to prove empirically. One such theory is that the causes of foster home breakdown "center around the child's reaction to losing his own family, whether he expresses this by 'acting out' or by lack of response."[12] Another relevant theory is that the degree of damage to the child seems to be related to the degree to which a rift develops in the principal tie for his social support.[13]

Sometimes case illustrations serve to support these theories. A case from another study showed the application of the theory about damage to the child.

> Derek was a 9 year old boy who was very aloof with his foster parents. It was decided that he needed visits with his mother to help him trust parent figures again. After some contacts with his mother, he began to use the foster home in a much more constructive way.[14]

In the present study there was no correlation between the progress of children and the maintenance of ties with their family, as shown by contacts. There was, however, an association between frequent contacts and fewer moves for the child in care, as mentioned above. This finding lends support to the above theory that foster home breakdown is related to the child's feelings about losing his original family. It is understandable that until a child has resolved his conflicts about past parent figures who let him down, he will be reluctant to become dependent upon a new set of parents. Yet it is possible, as we shall see later, for a child to retain his natural family loyalties at the same time as he is forming a meaningful relationship with a foster family.

In summary, the general pattern of contacts with the natural family for the child in long-term care seems to be one of fairly infrequent visits. Positive encouragement from the agency appeared to be lacking and this could sometimes be seen as a barrier to the future reunion of the family. The reasons for lack of agency encouragement seem to be associated more with the foster home and the worker than with the child or his natural parents. Frequency of contacts also showed no association with variables relating to the child and his natural family, but rather with the openness between the worker and the child. Finally there was some evidence that contacts may be beneficial in minimizing foster home breakdown. This lends support to existing theories about the value of contacts in familitating the resolution of a child's feelings about his family and his status with the agency.

Natural Family Contacts Initiated by Children

"Does Lack of Initiative Reflect Lack of Interest?":

When a child is in agency care, he is almost totally dependent upon those who have taken over from his parents. Yet we know from the fantasies many children have about their natural parents that some part of them retains their original identification. Sometimes this fantasy includes an image of the agency as an intruder who is responsible for keeping them and their parents apart.[15] As mentioned earlier, some workers recorded a view that children were not interested in having contact with their families because there was no explicit evidence of such interest. Usually when a child's identification with his natural family remains unrecognized by the agency, he accepts this passively, but a few children will take independent action to see their families.

In this study, it was found that 14% of the children took the initiative in making contact with their families. Either they requested visits or the contacts took place without any indication of agency planning. The following cases are typical examples.

> When Paul was 12, he was made a Crown Ward and his worker, Mrs. B., decided he should not see his father anymore "as father is a totally unreliable parent and his influence on Paul is undesirable". She commented that Paul was "not particularly happy about seeing his father"; yet some time afterward, Paul took the initiative in requesting a visit with his father and the contacts were resumed.
>
> George, aged 12, used to go to see his mother when he was supposed to be at Boy Scout meetings, and Mark, aged 7, used to telephone his mother when the foster parents were occupied elsewhere, making plans to meet her after school. Both these boys apparently felt that they could not share their desire to see their parents with the foster parents.

Some of the possible reasons for children initiating their own contacts with parents are suggested by the correlation of this with other variables as shown on Table 27.

Table 27: Other Variables Correlated With Contacts Initiated by Child

Casework Help About Separation	.30
Behaviour Problems at Beginning of Placement	.28
Child Emotionally Rejected by Parent(s)	.25
Frequent Contacts	.22
Good Social Progress	.19
Parental Support at Separation	.17
Child Older	.16
Inadequate Parental Control of Child	.15
Mental Illness of Parent(s)	.14

Some of these correlations are easily understandable. An older child, with behaviour problems, who has not been controlled by his parents, is more likely to follow his own instincts about visiting instead of waiting for the agency. The other evident pattern related to the child's understanding of the reason for being in care; with a good understanding, the child tends to take the initiative in keeping up the relationship. Variables contributing to such an understanding are casework help, preparation for separation and mental illness of the parent.

> Paula was a typical child in this gorup, who came into care at age 12 and visited her mother at will from the outset. The worker would have preferred less contact, but soon gave up trying to control Paula, who was quite determined to manage a relationship with her mother independently. She showed behaviour problems at the

> beginning, having been out of her parents' control but she talked freely with her worker about being in care and the end result was quite good. At 18 she had gradually stopped visiting her mother, who was living with another man; she had learned self-discipline and was moving constructively into the future without being tied to an unresolved past.

Somewhat ironically, the emotionally rejected child tends to take the initiative in visiting the parent who apparently does not want him. Individual cases showed that these children found it difficult to face reality and kept hoping for acceptance by the parent.

> Tom, at 13, used to visit his mother who showed very little interest in him. He had a fantasy about working in the corn harvest and earning a million dollars to "show" his mother. Presumably he felt this was a way to convince her of his worth and get her love.
>
> Bill, aged 12, was another of these children. His parents were separated and his mother had requested foster placement because she wanted to live her own life; she seemed quite contented with the arrangement which allowed her to be independent again. Bill persisted, however, in going to the restaurant where his mother worked. She did not welcome this and he usually felt let down after the visits. It seemed that he was pursuing a dream of a warm relationship with his mother which he had never had, but could not stop wanting.

Generally children who took the initiative in making contact with their families were more independent of agency control because of age and personality. They were also more likely to understand why they were in care; perhaps for this reason they felt prepared to seek out their parents, even when they had been emotionally rejected. None of these reasons related to the strengths of the family nor to the child's identification. This suggests that children who did not take the initiative may have been just as interested in seeing their families as those who

did. Yet they had fewer contacts, so their needs may have remained unmet.

Progress of Children Related to Initiative in Visiting:

It has already been shown that visiting during the first year was not associated with the child's progress, although it was associated with fewer moves during the total time in care. As for visiting on the child's initiative, there is even more reason to expect an association with good progress; a child who takes initiative is presumably identifying his own needs and taking action to meet them.

There was correlation between contacts initiated by the child and good social progress, as shown on the last table. As suggested, this could reflect the fact that the child has some of his needs met by the contacts. The finding is worth noting, however, because workers are likely to assess such behaviour as a sign of trouble. When a child frequently goes to see a parent without permission this creates anxiety for the worker and the foster parents, as opposed to the child who appears to have lost interest in his family. The latter is thought to have "settled in" to the placement, while the former is thought to be in a state of conflict between two families. Realistically, such a conflict is inevitable and the child who is working to resolve it is likely to do better than the child who represses it.

The following case gave some idea of the effect on the child or repressing his feelings about his family for years, then finally acting upon them.

> Robert, at age 19, had been separated from his mother for 16 years and according to the record had never asked about his parents. He had average intelligence but had never finished grade 8 and was apathetic about finding

> a job. At this age he met his mother who had been trying to find him for years. He went back to live with her and, after several months, began working at the first job in which he had ever shown any interest.

Another case showed that many of the concerns of workers about how to handle natural family relationships are unnecessary; if given enough freedom, children will work out the relationship themselves.

> John, at 16, requested a visit with his mother. He had not seen her since his admission at 11; he had always been co-operative with the foster families where he lived and had never asked about his mother (his father was dead). The worker was in a dilemma about the meaning of his request, as she had assumed he had lost interest in his family when he never talked about them. She arranged the visit with some misgivings, but the results were very satisfactory. John began to visit his mother regularly, staying with her on weekends and, as the worker said, he could "see her as a mother who has done what she could for him but is no longer able to provide 24-hour case." When he was 18, John returned to live with his mother.

Workers and foster parents are apprehensive about the parent-child relationship as they do not believe the child will not be able to handle his feelings; they envision him rejecting them if they re-establish their family ties. They forget that children have a strong sense of self-interest and do not want to destroy the placement which provides their security.

Certainly the findings favour the child who takes some control of his own visiting. These children tend to know more about why they are in care and their more frequent contacts give them an opportunity to resolve their feelings about this. Although these children as a group had more behaviour problems than the others at the outset, this difference did not exist at the end of the time in care. Their social progress tended to be good, thus confirming the value of child-initiated contacts.

In summary, the findings reveal a number of patterns in the support given to children to help them with the separation from their families. Firstly, it could be said that preparation given to children prior to the separation was lacking; this was especially true with younger children and those who came from homes where the conditions were poor. In effect, the most vulnerable children were not given support, which suggests that workers need to ensure that this is done in all cases.

It was found that less than half the children received casework help from their workers about the separation during their subsequent time in care. There was evidence of resistance from the children themselves to discussing the past, and also of resistance on the part of the workers and foster parents. There were signs that conditions around separation which would increase worker anxiety were related to lack of casework help given. Also the worker's training seemed to make no difference in whether casework help was offered, which may suggest that separation from the natural family is so anxiety-producing for workers that they need special training in this. The value of preparation for separation and subsequent discussion with the child were confirmed by the association of this kind of help with good academic progress.

It was found that contacts with the natural family during the first year in care tended to be infrequent. There were examples of restrictiveness on the part of the agency and of misperception of children's interest in their families. Encouragement of contacts appeared to be more related to the foster parents than to the child's family. Certain cases suggested that lack of contact had an effect on possible reunion of the family.

Trained workers tended to be associated with more frequent family contacts, which may suggest that their orientation was more toward the child than toward the agency. Casework help was also more likely to be given when there was contact between the child and his family, also contacts were associated with fewer foster home changes, thus confirming the value of helping the child resolve his relationship with his natural family.

Children who took the initiative in making contacts with their families were found to be those who were more independent because of age and personality and those who had a better understanding of separation. This suggests that other children who were less independent may also have wanted visits, thus casting doubts on the practices about visiting which were found in the agencies. Also the value of contacts initiated by children themselves were confirmed by the social progress of these children, which tended to be better than the others.

FOOTNOTES

1. Anonymous, "The Feelings of a Foster Child", Ontario Association of Children's Aid Societies Journal (April 1971), p. 15.

2. Pollock, "Preplacement Treatment in Foster Care", in Stone, ed., Foster Care in Question (New York: Child Welfare League of America, 1970), p. 89.

3. Jessie Taft, The Role of the Baby in the Placement Process (Pennsylvania School of Social Work, pamphlet, 1946).

4. Dinnage and Pringle, op. cit., p. 9.

5. Loc. cit.

6. The case records did not make consistent mention of contacts after the first year, so subsequent visiting could not be measured.

7. Murphy, op. cit., p. 390 showed visiting in the last two years compared to the first two years in care: it decreased for 62 children; it was maintained for 76 children and increased for 17.

8. Morrisey, "Continuum of Parent-Child Relationship in Foster Care" in Stone, ed., op. cit., p. 148.

9. McAdams, "The Parent in the Shadows", Child Welfare (L1:1, 1972), p. 51-52.

10. Minde, Bedoukian and Werry, "A Comparison of Personality Variables between Trained and Untrained Workers", The Social Worker (February 1971), p. 11.

11. Etzioni, Modern Organization (New Jersey: Prentice-Hall Inc., 1964), p. 88.

12. Dinnage and Pringle, op. cit., p. 10.

13. Rose, "A Re-evaluation of the Concept of Separation for Child Welfare", Child Welfare (December 1962), p. 454.

14. Radinsky, "The Parents Role in Long-Time Care", Child Welfare (February 1950), p. 9.

15. Anonymous, "The Feelings of a Foster Child", Journal of Ontario Association of Children's Aid Societies (April 1971), p. 15.

CHAPTER 7: CHARACTERISTICS OF PLACEMENT

The Stability of Placements

Frequency of Changes in Placement:

It is generally agreed that a secure family life is essential to a child as a basis for normal psychological development. Children are so dependent upon parents for physical care and affirmation of their worth that a change in parent figures is bound to be traumatic. A succession of such changes could be expected to undermine a child's security and cause irreparable damage to his development.

Thus it was disturbing to find that the most common experience for the 200 children in this study was to have had four different placements. Any substitute home was considered a placement, thus a stay in an agency receiving home would be considered a placement, while a stay in hospital would not. There may be a tendency on the part of workers to discount an agency receiving home as an additional placement. It may be viewed as part of the procedure by which a child eventually arrives in a foster home.

The rationale for considering this as a separate placement is that from the child's point of view such a move is disruptive. A child might be in a receiving home only temporarily, possibly while an assessment is being made. For this period, however, he has no other home; thus be must transfer some of his feelings of identification to this placement. It is likely then that a child will experience disorientation and insecurity when moved to a receiving home, even though this is

only a transitional stage toward permanent placement.

40.5% of the children had more than four placements. The distribution is shown on Table 28.

Table 28: Number of Different Placements Experienced by Children

Number of Placements	% of Children	
1	9.0%	
2	14.0%	
3	17.5%	59.5%
4	19.0%	
5	13.0%	
6	12.0%	
7	6.5%	
8	4.0%	
9	3.0%	40.5%
10	.5%	
11	1.0%	
12	.5%	
Total	100.0%	100.0%

This number of placements is similar to the findings of other researchers. In one study, 50 children who were 14 years old had experienced an average of 5.7 placements;[1] another group of 98 had 5.6 placements at termination;[2] and the average for two much larger groups, who had not yet reached the end of their time in care, was 3 and 4 placements respectively.[3,4]

When children are taken into agency care, it is usually with the thought that they will be given the security of a stable placement. The idea of a preliminary short-term placement is acceptable, but it is always hoped that the next placement will succeed and become permanent. The results of this study showed that this was very unlikely. Some children are adopted but these are a minority, as shown earlier. The decision to separate a child over three from his natural parents is, in effect, a decision that he is better off living in four different homes than with his family. The effect of a number of replacements on a child is indicated to some extent by the relative progress of children in relation to the moves they experienced. The progress of those who had numerous moves compared to those who moved only once or twice will be shown after the following discussion on long-term placements.

Length of Placements

In addition to the number of times a child moves, the stability he experiences also depends upon the length of each placement. One long-term placement together with a number of brief ones, for example, was quite a different experience from the same number of placements which were all of moderate length.

The most common experience for the children in this study was for the longest placement in a foster home to last three years; but half the total group spent 6 years or more in one of their placements. Table 29 shows the distribution.

Table 29: Number of Years Spent In Longest Placement

Number of Years	% of Children	
1	1.0%	
2	3.5%	
3	17.0%	50.0%
4	15.0%	
5	13.5%	
6	8.0%	
7	7.5%	
8	7.5%	
9	7.5%	
10	5.5%	50.0%
11	3.5%	
12	4.5%	
13	4.0%	
14	.5%	
15	1.5%	
Total	100.0%	100.0%

Some comparison of these figures with those in other studies would have shown whether this proportion of lengthy placements was typical for children in long-term care. This was not possible, however, because the length of placements is not a statistic which is usually given. Parker's study cannot be exactly compared, but 52% of placements which had existed in a certain year lasted five years or more from that time. In the present study 63.5% of children had placements lasting 5 years or more, but the percentage would have been decidedly smaller if the study, as Parker's

was, had been restricted to one five year period of care. Thus the children in this study had a lower proportion of long-term placements than the British children studied by Parker. Some indication of the effect of a long-term placement on children's progress will be given below.

Placement Experiences and Progress in Care

Progress in Care Related to Number of Changes in Placement and Length of Placements:

The point has been made that changes in parent figures are traumatic for children and that a succession of moves is bound to interfere with their normal development. Let us now examine the findings which may suggest an association between the child's progress and the number of moves. These are shown on Table 30.

Table 30: Progress Variables Correlated with Number of Moves and Length of Longest Placement

Progress in Care Variables	High Number of Changes	Short Time in Longest Placement
Poor Academic Progress	.31	.27
Emotional Problems at End	.29	.19
Task Problems at End	.28	.19
Task Problems at Beginning	.23	.18
Behaviour Problems at End	.23	.18
Emotional Problems at Beginning	.22	.19
Behaviour Problems at Beginning	.19	.17
Low Identification with Foster Family	.18	

The correlation between placement stability and academic progress is important. It suggests that children who experienced disruptions were also ones who were less likely than others to make full use of their intellectual potential.

There was not a significant correlation with social problems, but the incidence of problems was higher for children who experienced instability, slightly more so at the end of care than at the beginning. Although this difference was slight it was consistent, which introduces the subject of whether the children's problems were more a cause or an effect of the changes in placement. Dinnage and Pringle state that it would not be realistic to ask whether repeated placemements are the cause or the result of emotional disturbance.[5] It is notable, however, that in all area--emotional, behaviour and task performance--the correlations were higher at the end than at the beginning. This suggests that numerous moves may have aggravated the existing problems.

The findings of other researchers have also supported the point that numerous placements are associated with a poor prognosis. Two studies found an association between multiple placements and emotional disturbance, measuring emotional disturbance respectively by the child's understanding of the concept of time and by verbal intelligence scores compared with performance scores.[6] Three other studies concluded that a relatively permanent foster home had an important effect on outcome.[7,8,9]

The reasons for poor prognosis are not difficult to imagine. As mentioned earlier, a change in placement means a change in the child's total environment, but most importantly in parent figures. As parents are usually the most significant influence in a child's life, such a change is likely to threaten his security. With a succession of changes in parent figures a child is likely to stop relating to them in a trusting way. Thus frequent changes may have the effect of discouraging the child from forming close relationships. This appears to be so from the association shown on the table between high placements and low

identification with the foster family. As there is not a corresponding high identification with the natural family, the findings suggest that these children may be left with no close relationships.

The effect of foster home moves on the child's willingness to trust was shown very clearly in some cases.

> Larry (9) cried himself to sleep every night after leaving the G. foster home where he had lived for 1-1/2 years. The long-term result of this was shown at age 15 when his worker said "his ability to trust people is very limited."

In general, placement instability was associated with poor academic progress. Children who had initial problems were more likely to experience placement changes and they had an even higher proportion of problems at the end of the period in care. A lack of identification with parent figures was also found in connection with instability. This may contribute to the higher incidence of problems found with these children at the end of care and their comparatively poor academic progress.

Conditions Related to Number of Changes in Placement:

As suggested, children with initial problems seem to be particularly vulnerable to placement changes; their problems are likely to contribute to foster home breakdown. There are other conditions which also might be expected to affect the stability of placement, such as the skill of the worker and the child's relationship with his own family. On the latter point the association between family contacts and stability of placement has been shown earlier. As for the worker's skill, the association between training and low placements is shown on Table 31.

Table 31: Other Variables Correlated With Low Number of Placements

Child Older at Admission	.24
Low Number of Years in Care	.20
High Contacts with Own Parents in First Year	.19
Low Number of Workers	.19
Presence of Worker in First Half of Placement With Formal Social Work Training	.15

One point which should be noted on this table is that the last two variables taken alone had a negative correlation (-.16): a greater number of workers increased the chances that there would be one with formal training. Thus the positive correlation between trained workers and low placements takes on more significance. The association of trained workers with fewer, in effect more successful, placements, suggests that they may be more skilled in handling foster parents.

As shown earlier, they were no more likely than untrained workers to deal with the child's feelings about separation; but they could be expected to be more confident in dealing with foster parents. The following is an example of the difficulties which a foster parent can create for an inexperienced, untrained worker.

> Joan was a rebellious 15-year old who had been in the C. foster home for several years. Mrs. C. controlled the relationship with the agency to a great extent. When she was challenged by the worker, she would threaten the agency, saying that Joan would be in Training School if she were not in the C. home. As the worker had no alternative placement to offer, she complied with Mrs. C.'s demand that she see Joan only in Mrs. C.'s presence. Also it seemed that Mrs. C. made all the important decisions in Joan's life, including the plans for her education.

It is difficult for workers to challenge a domineering foster parent; the foster parent has the distinct advantage of knowing the child better than the worker does. The worker has to depend on theoretical knowledge as well as experience; thus an untrained worker who does not have a firm grasp of child development theory will be at a disadvantage with a domineering foster parent.

Most of the other correlations shown on Table 30 can be traced to the time the child spent in care, that is the number of moves tended to increase with the number of years in care and the number of workers also tended to be higher. It is worth noting, however, that the younger child, who was expected to adjust to placement more easily, did not in fact experience fewer replacements. Instead the children who came in earlier tended to have more moves. Although children who came in at an early age had more long-term placements, the simple passage of time may have led to more changes than an older child was likely to experience.

In summary, the conditions associated with fewer replacements were frequent contacts with the natural family, a shorter time in care, the absence of initial problems with the child and a worker with training.

This combination of suggested causes and results is probably the most serious problem which is clearly indicated by the findings of this study. It locates a group of children (those with initial problems) who are prone to being replaced many times and shows that a high rate of replacement is related to poor progress. It also suggests that there are conditions which the agency can control which are associated with placement stability. According to our results these high risk children

should be given a worker with training and should have contact with their natural families.

The findings about long-term placements are also relevant to the question of numerous moves. The findings indicated that 50% of the children had one placement which lasted six years. As the average number of years in care was ten and the average number of placements was four, the typical pattern was one of a fairly long placement and several short ones. This may be preferable to four placements of equal length, which might not allow the child to form strong relationships with any foster parents. The long-term foster home tends to come after a number of short ones, in effect those which have failed. The results of this on the child's sense of worth can be disastrous. An interview with a boy who had four previous foster homes conveys some idea of his feelings. When asked why he had to move he said, "Well, the J.'s, she had a baby and the H.'s, he didn't like a lot of noise, and I guess the R.'s didn't like me too well, and the B.'s, I guess they couldn't stand it either so they took me here."[10]

How can a child like this be protected from so many rejections? Would it be possible to locate the long-term foster home earlier, so that some of this damage could be avoided? It seems that any child who is able to last for six years in one foster home should not have to experience several unsuccessful placements first.

Several conditions probably contribute to the pattern described above. First, the earlier foster mothers may not be prepared for the child's behaviour problems; the social worker may not get adequate information

on this from the child's home and there may also be a reluctance to talk about the child's negative qualities before the family has even met him.

A second condition is the lack of planning in replacements, which are often made under crisis conditions. Poor communitation between foster parents and workers is part of the cause. When aced with problems about which they have not been forewarned, many foster parents try to resolve them without agency help, thinking it is their home which is at fault. Thus the worker has no warning that they have reached the end of their tolerance level until the point of breakdown arrives. Then the foster parents usually want the child moved immediately and the worker tends to respond too readily, feeling the child should not remain in a family which is rejecting him. So the next palcement is made under stress, increasing the risk that it woo will fail. Some of these early breakdowns could probably be avoided by a more careful diagnostic job at the outset and greater conviction about the need to move slowly on replacement.

The importance of stability in the life of the foster child has always been recognized. The findings of this study serve to point up the instability which most children experience and the association of instability with poor outcome for those involved.

Placements Involving Relatives

Relatives as Foster Parents:

Before child-caring agencies existed, relatives were the most natural substitutes for parents who could not look after their children. When the community took on this responsibility, however, there was an

abrupt break with previous practice. It was felt that foster children must have the best possible care and this was seen primarily in terms of physical and moral standards, rather than from the viewpoint of emotional security. Foster parents were thus recruited from a higher social class than the original families. This initial orientation seems to have remained, in that there are few attempts to involve relatives as foster parents when children come into agency care. Of the 200 children in this study, only 14.5% were placed with relatives; brief placements of less than six months were not included, as it was expected that relatives might be used in emergencies.

Some of the conditions found in conjunction with the use of relatives suggest possible influences on the decision to do so. These are shown on Table 32.

Table 32: Placement with Relatives Correlated with Other Variables

No Desertion by Parents	.18
Death of Parents	.18
No Prior Placements	.14
No Marriage Problems of Parents	.14
Child Older	.14

These associated variables are mainly indicative of the strength of the original family. Breakdown through death rather than desertion or marriage problems, as well as the family's comparative stability in the early years (no prior placements, the child was older at admission) are all suggestive of the relative strength of families in which the

agency made use of relatives as foster parents. This is understandable because a stronger family would probably have relatives who met more closely the agency's ciiteria for foster parents.

As for the effect of placement with relatives, there was no evidence of either good or bad outcomes for these children. It was thought that the preservation of family ties attendant to placement with relatives would bring good results. This had been the case with a group of British children; those placed with relatives did better than those in foster homes or institutions,[11] but no association was found in this study between placement with relatives and outcome, nor was there any significant correlation with in-care variables such as fewer or longer lasting placements.

The above findings may reflect the attitude of North Americans toward children being cared for by an extended family. In less industrialized societies, such as India, it is common for relatives to take over the care of children; but in North America this is felt to be the responsbility of the nuclear family. Because it is not common practice to leave one's children with relatives, parents who are not caring for their own children may feel they have failed in their parental roles. Children who are placed with relatives may also sense a lack of social approval for such an arrangement, which may make it less acceptable to them. Added to this, there is often jealousy between the relatives and natural parents. For example, grandparents sometimes become foster parents but this carries the implication that they have failed to bring up their own children to be responsible adults. Such a situation can create much conflict between the grandparents and their natural children.

Generally, it seems that relatives are not often used as foster parents, probably because of social attitudes.. There is no evidence of

either good or bad results when they are used, possibly because potential benefits to the children are counteracted by lack of acceptance in our society of the extended family as a child-caring resource.

Placement with Siblings:

The child welfare principle of maintaining family ties is not always followed in parental visiting arrangements, as we have seen. But agencies seem to be more consistent in their attempts to maintain ties with siblings. An example is the wide-coverage advertising for adoptive homes in which an effort is made to keep siblings together. In foster home placement such an arrangement is not always possible because the choice is limited to one agency and only a few families have space for more than one additional child.

The majority of children in this study (64%) spent at least 6 months in a foster home with one of their siblings. This was similar to Parker's study in which at least 57% of children were apparently with siblings at some point.[12]

The variables associated with placement with siblings shown on Table 33 suggest the circumstances under which this tends to be done and the possible effects of keeping siblings together.

Table 33: Other Pre-Care Variables Correlated with Placement with Siblings

Economic Deprivation of Family	.34
Absence of Emotional Problems (Beginning)	.30
Inadequate Physical Care	.25
Absence of Emotional Rejection	.25
Child Younger at Admission	.24
Absence of Behaviour Problems (Beginning)	.23

Table 32 (continued)

Poor Social Progress	.18
Absence of Behaviour Problems (End)	.15
Absence of Task Problems (Beginning)	.15

Most of these correlations could be interpreted in terms of why two children from the same family might be acceptable to foster parents. The associations with physical and economic deprivation and with younger children point to an early breakup of the original family for reasons unrelated to the child's relationship with his parents. The absence of initial problems adds to the picture of a child comparatively undamaged by his original family. It would be easier for a foster home to absorb two or more such children than, for example, older children who had been in conflict with parents and were exhibiting social problems. These findings are understandable, as they suggest that children were kept together whenever this seemed feasible from the foster parents' point of view. From the child's point of view, however, it would be the children with initlal problems who would need extra support; thus it was significant that they were the least likely to receive the protection offered by placement with a sibling.

The initial premise that sibling placements are advantageous to children was not confirmed by the findings. In fact children placed with siblings tended to make relatively poor social progeess. This could be explained by the absence of problems at the outset, which gave less opportunity for improvement. They should, however, have made better academic progress than the others; as seen earlier children who began

with few problems tended to make good use of their intellectual potential. Yet the academic progress of children placed with siblings was not significantly different from the others. The existing research also filled to confirm the benefits of sibling placements. One writer found no predictable effect[13] while another found that children who were not placed with siblings did better.[14]

Consideration of the findings brings two suggestions to mind. Sibling placements may not be helpful because they so often break down. The extra pressure on the foster home may bring a request to move both children. Or one child may be kept, thus causing the other to feel even more rejected. It is also dubious whether two children from an insecure background can be of much help to each other. An older child may take a parental role with a younger sibling, but this may inhibit the older child's development as an individual. Also deprived children are likely to use each other in a destructive way, rather than providing mutual support in a new family situation. They have experienced too little parenting previously and they tend to compete with each other for this.

In summary, a placement with siblings for at least six months was experienced by the majority of children. These tended to be children who came into care at an early age due to environmental problems rather than for problems related to their own behaviour. Their progress did not give evidence of any benefits to be derived from placement with siblings; possibly this reflects the frequent breakdown of such placements and the inability of deprived children to give support to each other.

The findings of this study concerning placement experiences provided information about the usual number of placements and the incidence of long-term placements as well as the progress of children in relation to this. There was also information about the use of relatives as foster parents and the practice of placing children with their siblings. The average number of foster homes experienced by the children in the study suggests that their experience was one of instability. There tended to be a fair number of long-term placements as half the group had six years or more in one home. Our group was found to be typical of those in other studies in terms of the number of placements and the incidence of long-term placements. Children who experienced stability in their placements tended to do better in terms of academic progress and an association was found between numerous moves and the problems of children when they came into care. There was also an indication that these problems increased by the end of care, suggesting that they were aggravated by a number of replacements. Children who were moved frequently also lacked an identification with foster parents and were no more likely to be identified with their natural parents than the other children. Stability regarding replacements was found to be associated with continuing contact with the natural family and also with the presence of trained workers. It was suggested that the agency could do more to avoid replacements by providing these conditions to children in the high risk categories, that is, those who came in with social problems and were more likely to be replaced. It was also suggested that replacement might be minimized by providing more information to foster homes regarding these children and by moving more

slowly when a foster home broke down. The use of relatives for foster parents was not found to be associated with better progress, possibly because of the social attitudes which do not accept the idea of extended family responsibility. Placement with siblings was also found not to be associated with progress. It tended to occur when children came in without social problems, at an early age. The lack of better progress was possibly related to the frequent breakdown of multiple placements and to the inability of such children to give each other support in a substitute family.

FOOTNOTES

1. Ambinder, "The Extent of Successive Placements Among Boys in Foster Family Homes", Child Welfare (July 1965), p. 398.

2. Meier, op. cit., p. 196.

3. Maas and Engler, Children in Need of Parents (New York: Columbia University Press, 1959).

4. Dinnage and Pringle, op. cit., p. 7.

5. Op. cit., p. 7.

6. Dinnage and Pringle, op. cit., p. 7.

7. Weinstein, op. cit., pp. 66-67.

8. McClure, op. cit., p. 30.

9. Meier, "Adults Who Were Foster Children", Children (January-February 1966). p. 20.

10. Weinstein, op. cit.

11. Ferguson, Children in Care--And After (Oxford University Press, 1966), quoted in Dinnage and Pringle, op. cit., p. 11.

12. There were 62 of 144 children (43%) who "remained separated from siblings" in the placement being studied, Parker, op. cit., p. 61.

13. Parker, op. cit., p. 61.

14. Weissman, "Children in Long-Term Care", Child Welfare (June 1950), p. 7.

CHAPTER 8: THE SIGNIFICANT RELATIONSHIPS OF THE CHILD IN CARE

The Child's Identification with the Foster Family

The Degree of Identification:

One of the assumptions of the foster home system is that it is possible for a child to identify with a substitute family. It is hoped that he will transfer part of the emotional investment he had with his original family to the foster family. It has been suggested earlier that the child's ability to form relationships in a new home reflects the extent to which he has resolved his conflicts about the separation from his natural family. Thus we can expect that identification with the foster family will be a measure of the child's general progress.

In this chapter the extent of identification with foster parents is discussed, along with the conditions under which it tends to occur and its relationship to natural family identification. The extent of identification was judged by two independent readers, as explained earlier. The scale used and the percentage of children assessed as belonging to each category are shown on Table 34.

Table 34: Identification with Foster Family

Less Positive (Good Attitude to Family, but not Strong Bond)	34.0%
Positive (Definite Feelings of Belonging or Affection)	26.5%
Weak (not much Sense of Belonging or Feeling, no Mention of family by child)	19.0%
Negative	7.0%
Confused (Child Has Uncertain, Conflicting Feelings)	6.5%
Not Known	7.0%
Total	100.0%

Thus the most common feeling which these children had for their foster parents seemed to be more one of respect than love or a sense of belonging. Negative feelings were rare, considering the strong negative feelings which some children at 18 have for their natural parents. The majority of children fell into the "less positive" category, which was defined as not having a strong bond with the foster family. Such a situation where the child had a lack of feeling for the foster parents is illustrated by the following case.

> Carol, at age 19, after 8 years in care, described her feelings to her worker. She liked her last foster parents and still lived with them, but she spoke of having an inner "barrier" which kept her from getting close to people. Her separation had been typical, with no preparation and almost no subsequent contact with her family; this had been experienced by her as traumatic. She did not make a connection between this and her ability to trust people, but it was probably the cause of the impediment she felt against closeness.

In Carol's case, the "less positive" feeling for her foster parents seemed to extend to all her relationships. Sometimes, however, the apparent lack of feeling masked a continuing loyalty to the child's natural family.

> Ann, 13, was prevented from seeing her sister by the resistance of her foster mother, Mrs. E., who told the worker Ann was not interested. Two years later, an older brother made contact and Mrs. E. said, "If Ann wants to start seeing her family, perhaps she had better leave our house." Ann had a "less positive" relationship with the E.'s, but when forced to choose, she decided to leave their home.

As shown on the Table, just over one quarter of the children did form positive relationships with their foster parents.

> Christine, 14, said she wanted to stay with the foster family until she was grown up and she called herself by their surname. Later in the record, when she became 18 and was about to be married, the foster parents adopted her.
>
> Karen, 18, felt that her foster mother, Mrs. N., was the closest to a real mother she had ever had. She had "completely given up on her natural mother" and wanted to think of the N.'s as her family.

It sometimes appeared that the absence of a good relationship with the foster family resulted from the child's inability to relate to his natural family.

> Colleen, 12, liked her foster father but not her foster mother, treating her with a passive aloofness. She also disliked her natural mother and refused to have visits with her.

The findings shown on Table 34, that the majority of the children lacked definite feelings of belonging or affection for any of their foster families, is important. It suggests the need to consider at the time of admission the strong possibility that a child may grow up with no strong family identification. There is evidence as mentioned in the introduction that this may result in a weak relationship in adulthood, thus affecting marriage and parental roles.[1]

Other Conditions Related to Identification with Foster Parents:

How can an agency maximize the changes that a child will form a positive identification with foster parents? it is generally expected that a child will develop a strong relationship with a family if he stays with them for a long time or if his relationship with his natural family is weak. The findings, however, did not support this assumption.

There were only three pre-care and in-care variables correlated with positive identification with foster parents; these were the child's I.Q., the total number of placements and the socio-economic level of the longest foster home.

A high socio-economic level of foster home, as defined by the occupation of the foster father, was associated with the child's positive identification with the family ($p < .01$). It is possible that children identified with foster parents from higher socio-economic levels from a sense of self-interest. They may have been aware of the community's evaluation of their foster family and have desired the positive response which was generally given to higher level people. The socio-economic level of the foster family is discussed further at the conclusion of this chapter.

As mentioned above, the only other conditions associated with identification were the number of moves experienced by the child ($p < .05$) and lower intelligence ($p < .05$). The experience of one long placement was not significantly correlated, thus suggesting that the child's experience before coming to the longest foster home might be more important than the time he stayed in this home. If a disruptive past experience has discouraged a child from forming close bonds, then even a long-term placement in one home may not change this. The following case is an illustration.

> Billy lived in one foster home from age 6 to 18, after a number of earlier moves. He was never really close to the foster parents. When he was 16 his natural mother was mentioned in the record for the first time, as he was hoping to meet her.

> This occurred at age 17 and he returned to live with his mother when he left care at age 18. The worker commented that the reunion seemed to have a positive effect on Billy who had not been using his full potential during the years in the foster home.

The association found between lower intelligence and identification with the foster family is difficult to interpret. Children of lower intelligence, as shown earlier, tended to come into care at an earlier age. Thus they might be expected to adapt better to a new family, although age at admission was not itself association with identification. Another possibility is that children of lower intelligence would have weaker memories of their early life experiences, thus would be better able to accept a substitute family.

In summary, the child's identification with foster parents tended to be strongest when the foster family was of a higher socio-economic status and when the child had not experienced too many prior moves. A closer examination of the socio-economic status of the foster family suggests that this characteristic was positively associated with the "suitability" of the home for the child and with encouragement of visiting with natural parents. Thus the combination of appropriate foster parent qualities and absence of previous damage to the child seemed to produce the best conditions for identification.

Foster Parent Relationship Not Dependent on Absence of Natural Parent Relationship

We have discussed earlier how the child's relationship to his own family will affect the extent to which he can accept substitutes. The instinctive attitude of workers and foster parents is that a strong relationship with

one necessarily precludes the other. Yet according to Erikson's theory of child development, the capacity for intimacy is developed from early trust in parent figures, which later extends to relationships outside the family. The findings support this theory, in that identification with the foster family was not associated with the length of separation from the natural family, contacts with them, or identification with them.

Individual cases showed that children who had very good relationships with their foster parents could also be loyal and attached to their natural parents.

> Nora, at 18, was very happy and settled in her foster home but said her parents still came first; she felt her mother, who was an alcoholic, needed her and she would not cut herself off from her parents.
>
> John lived in one foster home for over 10 years, but never lost his concern for his family. At age 18 he left school to move to another town where he could be with them. His younger brother was becoming delinquent and he thought he could help him.

A social worker who had been a foster child reported that being reunited with her natural family at age 16 had not altered the deep affection she felt for her foster mother. Weinstein also found that identification with natural family and foster family were not incompatible; a mixed identification was found for 26% of the children in his study.[2]

The implication of these findings is that a worker who wants to encourage the child's identification with a foster family is not likely to achieve this by discouraging the ties with his natural family. On the contrary, identification was associated with a low number of replacements, which has been shown earlier to be associated with natural family contacts. This, plus the socio-economic level of the foster home and the child's I.Q. were the only conditions associated with positive identificationl

The Importance of Foster Family Identification:

In the foregoing, we have discussed the extent to which identification with the foster family develops and the conditions under which it seems to occur. Now we shall consider whether its value to the child is in accord with the priority it is given by child care agencies.

The variables related to the child's progress which were correlated with positive identification with foster parents are shown on Table 35.

Table 35: Progress Variables Correlated With Identification with Foster Family

Good Social Progress	.31
Absence of Emotional Problems (End)	.30
Absence of Task Problems (End)	.28
Absence of Behaviour Problems (End)	.22
Good Academic Progress	.16

The above associations point to a generally good outcome when identification with foster family is high. This was the only variable in the entire study which was significantly correlated with both good social progress and good academic progress. In relation to social progress, the most dramatic change was shown with emotional problems. Children who were positively identified with foster parents had no more emotional problems than average at the end of placement, whereas there was a fairly high correlation with emotional problems at the beginning.

The findings thus point to beneficial results when a child in care is positively identified with his foster parents. The indications are that this is not happening as frequently as agencies would like and that the instinctive approach of discouraging natural family ties does not contribute to foster family identification. The suggestions arising from the findings are that such identification is more likely to occur when the family is from a higher socio-economic level and the child has not experienced too many moves.

The Child's Natural Family Identification

It was thought that the child's ongoing relationship with his natural family and his feelings about them would have an important effect on his progress. We have already seen that family contacts, although not directly associated with progress, were correlated with stability of foster home placements. Identification with the natural family was also expected to be associated with good progress, in accordance with Weinstein's findings that such identification was positively correlated with the well-being of children in care.[3]

The identification of children with their natural families was measured in the same way as for foster families. The conditions associated with identification are shown on Table 36.

Table 36: Variables Correlated With Identification with Natural Family

Child Older at Admission	.23
Low Number of Years in Care	.20
Foster Home Unsuitable	.16
Child has High I.Q.	.15
Absence of Emotional Rejection	.14
Low Number of Workers	.14

It is evident that there was no association between identification with the natural family and any progress variables. Most of the variables on Table 36 suggest that the children would retain stronger memories of their own families, as they tended to be older at separation, were in care for a shorter time, and were more intelligent. Yet identification was not related to progress, nor was it associated with problems at the beginning and end of care.

One explanation of these results may be the great difficulty of assessing the child's real feelings concerning his natural family. An apparent absence of feeling was by far the most common impression left by the record. The degrees of identification are shown on Table 37.

Table 37: Identification with Natural Family

Weak (not much sense of belonging or feeling, no mention of family by child)	45.5%
Confused (child has uncertain, conflicting feelings)	18.0%
Less Positive (good attitude to family, but not strong bond)	14.0%
Positive (definite feelings of belonging or affection)	8.5%
Negative	6.5%
Not known	7.5%
Total	100.0%

The questionable validity of the impressions left by the record is illustrated by individual cases. Sometimes the agency was reluctant to recognize the extent of a child's feelings and these were acted out in secret as in the following case.

> George, at age 12, used to pretend he was going to Boys Scouts and would visit his mother instead, after she had been forbidden to come to the foster home.
>
> Bruce, at 6, had memorized his brother's telephone number and used to telephone him when he thought the foster parents were busy elsewhere. The agency's reaction was to discourage these contacts when they were discovered, rather than encouraging the children to express their feelings.

Feelings were also obscured by the child's denial of concern about his family, even to himself.

> Julie and Lillian, two adolescent girls, were assigned to Mr. C., a professionally trained social worker, when they moved into an agency group home. Mr. C. tried to initiate a discussion about their natural families, but they both denied having any feelings about the past. Mr. C. responded with reassurance that concern about natural families was universal for children in care. Within the next few weeks, Julie had visited her mother's grave for the first time and Lillian hitch-hiked to another town to see her aunt and uncle, asking them if she could come to live with them.

It was due to Mr. C.'s knowledge and confidence that these areas were opened up; in many other cases such denial may be accepted by the worker as evidence that the child had resolved his feelings about his family.

Children's attitudes toward their families were also shown to be very changeable, with apparent disinterest suddenly changing to positive identification.

> Michael, 16, was said to be "happy and settled" with his long-term foster parents. A few months after this recording he visited his mother and refused to return to the foster home; he spent the last two years of his wardship living with his mother.

> Vernon, at 14, would not discuss his mother and refused to visit her. At 18, this suddenly changed and he began to visit her every weekend.

The category of "confused" identification also contained cases which were difficult to assess and which possibly should have been categorized as positive identification.

> Gordon, who was separated from his father at age 10, was one of the more upset children and expressed his confusion openly. He continued throughout his years in care to seek contact with his father (a very hostile man who became abusive when drunk) although he was always disappointed with his father's response, which seemed very rejecting to him. He was also ambivalent about the past. He blamed his father for the break-down of his family, yet made excuses for his father's behaviour and always seemed to yearn for the close, supportive relationship which his father did not seem capable of giving.

> Dorothy, aged 13, was also in conflict about her natural family. She told her foster mother, Mrs. P., that she would rather be "a dirty old Smith" (her family) than a P. (the foster family), thus expressing her loyalty and shame for her family at the same time. She told her worker she needed to see her family from time to time yet wished that she did not have this need.

Even "negative" feelings about the natural family might sometimes have been interpreted as strong identification in that the child expected to become like his parent.

> The conflict experienced by Karen, 18, illustrates this. Her boy-friend was urging her to marry him, but Karen was afraid to take this step. She told her worker she felt threatened by the idea that she would have children and give them up as her mother had done. Although Karen's feelings were understandably categorized as "negative", it could also be said that she identified with her mother.

On the whole, the children in this study lacked a positive relationship with their natural families. This was not found to be associated with the formation of strong foster family relationships. The latter, though generally more positive than the relationships with natural families, were not typically strong. The findings thus support Erikson's development theory mentioned above. Children who have not been able to develop early trust in parent figures will not have the capacity for intimacy. Further, identification with foster parents was found to be the condition most associated with children's progress. This emphasizes the importance of helping children to resolve their feelings about early family experiences as a prerequisite to forming new family bonds.

<u>The Influence of the Social Worker on the Child's Progress in Care</u>

<u>Worker's Training</u>:

The history of child welfare agencies in Canada has been that their

staff requirements have always exceeded the number of social workers with graduate training. The majority of direct work with children in care has thus been done by untrained workers, but the agencies' attitude has been that they would hire as many trained workers as they could attract. Now that other forms of training, undergraduate and community college levels, are available, the agencies have to consider whether a graduate social worker is worth the extra expense on limited agency budgets. Do children progress better with trained workers?

The workers' training in this study was recorded in two ways -- whether the child's first worker was trained and whether any of his workers during the first half of his placement were trained. The first half was taken because nearly all children had a trained worker at some time and it was expected that help given during the earlier years would have the greatest effect.

There were no correlations between the worker's training and the child's progress or problems, but training was associated with other variables found in conjunction with good progress. It has already been noted, for example, that when a child's first worker was trained he was likely to have more contacts with his family during the first year in care ($p < .01$). As suggested, this is in accord with findings elsewhere about trained vs. untrained workers. It has been found that trained workers have less need to suppress individuality and to discourage the verbalization of feelings in children.[4] Another difference which has been noted is that untrained workers are more open to the influence of the agency and less affected by social work theories. Thus they tend to be guided by bureaucratic rather than professional considerations.

They are "likely to adopt and implement their agency's philosophy of treatment in the early stages of foster care . . . an undiscriminating attitude is encouraged and the worker may fail properly to assess what the experience means to a particular child and thereby fail to take the most helpful measures."[5]

In the Children's Aid Society, one of the main bureaucratic considerations is the retention of established foster homes, which are always in short supply. If family loyalties are causing disruption to a placement, an untrained worker is more likely to discourage the expression of feeling by the child, in the hope that he will then settle down in the foster home. The following cases illustrate this.

> Karen, aged 14, was very upset about leaving her grandparents' home and wrote a rather hysterical letter to her grandmother from the foster home. As a result, the agency decided not to let Karen visit her old home for a month, nor to let her grandmother know where she was "to allow her an initial period of time to adjust to her new environment."
>
> In the case of Larry, aged 14, the worker commented that the foster mother usually found a way to block contact with his family. The worker commented that the foster mother's "unhealthy attitude to his family is most damaging to his self-image". But the worker made no further remarks on this in the records, apparently feeling that the stability of the placement demanded an acceptance of the foster mother's attitude.

It requires a fair amount of conviction for a worker in such situations to encourage a child to express his underlying feelings, especially when the foster parents may be antagonistic to this due to their own anxiety. Thus it is understandable that an untrained worker might give priority to the feelings of the foster parents and to the

agency goal of retaining its homes.

Another finding which has been mentioned was that there were fewer replacements of children who had at least one trained worker during the first half of the period in care ($p < .05$). Further to this, the relationship between training, fewer placements and more family contacts was emphasized by the factor analysis (see Appendix E, In-Care Variables, Factor 3).

It was suggested earlier that trained workers may have more success with placements because they are more confident in offering support to foster parents. Another reason might be related to the point just discussed--that a trained worker is more prepared to recognize and accept a child's underlying feelings.

On this point two similar cases illustrated the difference in approach between two workers, Miss H. with graduate training and Mr. R. with a B.A., as each of them moved a child from a receiving home to his first foster home. Although there are many other influential variables, the child's ability to settle in a home is bound to be affected by the way he is introduced to it.

> Bruce, aged 7, was the last child of a large family to be moved out of the receiving home. When he reached the foster home he became hysterical, crying and screaming to the worker that he wanted to go back to the receiving home. Mr. R. was very firm in saying that he could not do this, pointing that all Bruce's brothers and sisters had gone to foster homes and he would have to do the same. Eventually Bruce stopped resisting and the placement was made; but his subsequent disturbed behaviour led to his removal from the home a few months later.
>
> Roger, age 6, gave similar resistance to his worker, Miss H. She was inexperienced in handling placement

> but had a basic knowledge of casework and decided not to press on in the face of such resistance. She told Roger he could go back to the receiving home for another night and she would bring him again to the foster home the next day. The following day Roger seemed to have accepted the need to move and he settled into the foster home with no observable repercussions.

The worker's ability to handle such situations is naturally influenced by life experience and personality as well as by formal training. Workers with training however, are likely to be more flexible as mentioned, in responding to a child's behaviour in a new situation. While an untrained worker is predisposed to pressing on with a placement to meet the expectations of the agency and foster parents, a trained worker would be more comfortable in giving priority to the needs of the child when these became apparent.

Thus professional training was found to be associated with adherence to the principle of maintaining family ties and with more success in minimizing replacements. This is thought to be attributable to a greater sensivity to the feelings of the child, less vulnerability to bureaucratic pressures, and greater confidence working with foster parents.

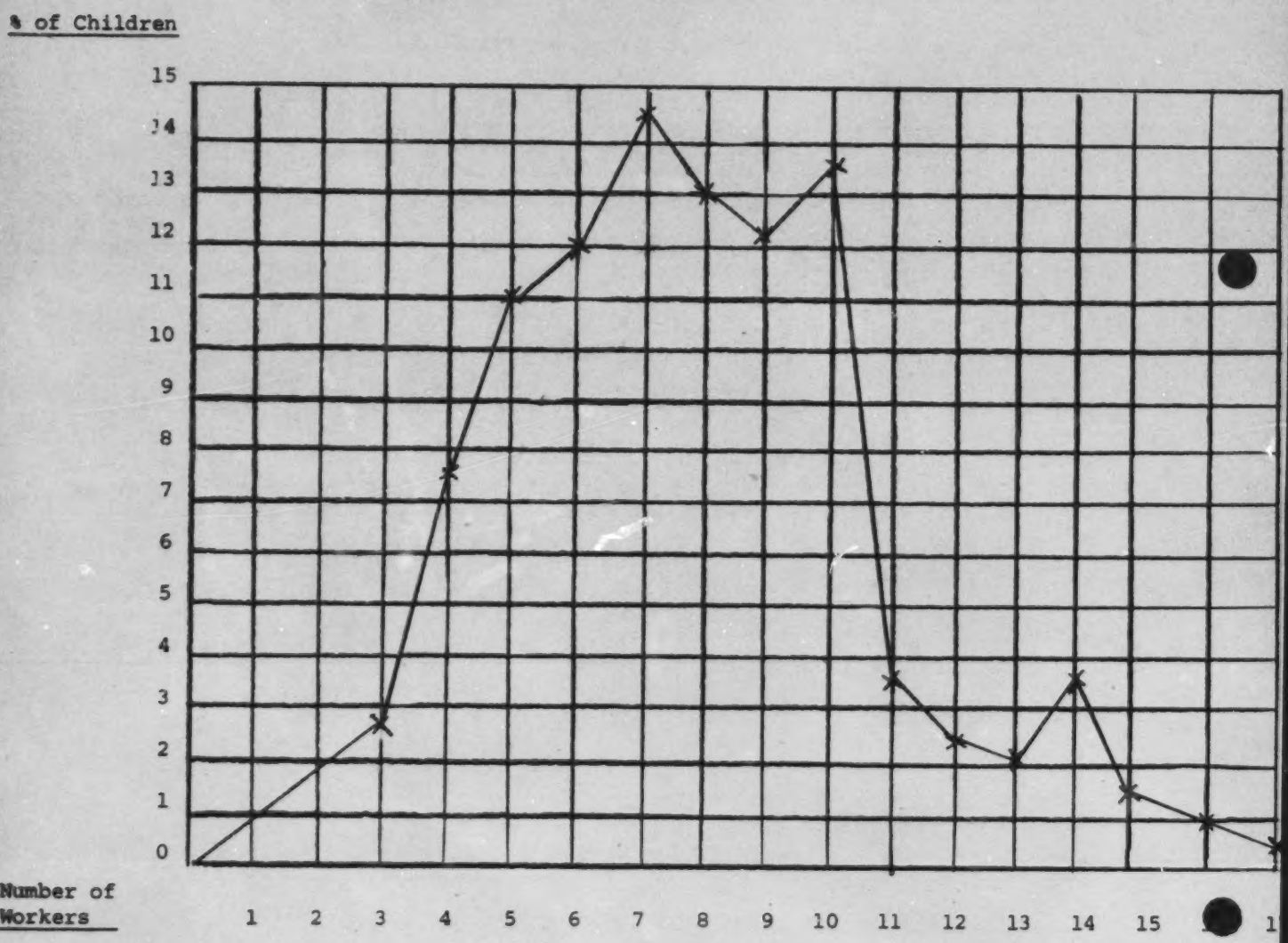
Changes of Worker:

Another characteristic of staffing in child welfare agencies has been the constant staff turnover. The majority of caseworkers in child care seem to be young married women without graduate social work training, who tend to leave the city, or leave social work, after approximately two years. Yet the agency places a good deal of emphasis on the worker-child relationship. Thus it will be interesting to examine

the association between progress and worker turnover.

The children in this study were found to have an average of 8 workers each. The distribution of children according to how many workers they had is shown on the following graph.

Percentages of Children According to Number of Workers They Experienced



Despite the great number of changes which some of the children experienced, there was no association between the child's progress and the number of workers. Thus suggests that the worker-child relationship may not be as important as it has been thought to be. Possibly the turnover of workers has the effect of discouraging children from becoming involved in such a relationship. After a certain number of changes, the relationship with the worker probably becomes relatively unimportant to a child. If he is relatively healthy, he will put his trust in his first worker. When this person is replaced by another and yet another, he will likely stop investing himself in the relationship and there will be little difference whether he has five worker changes or ten.

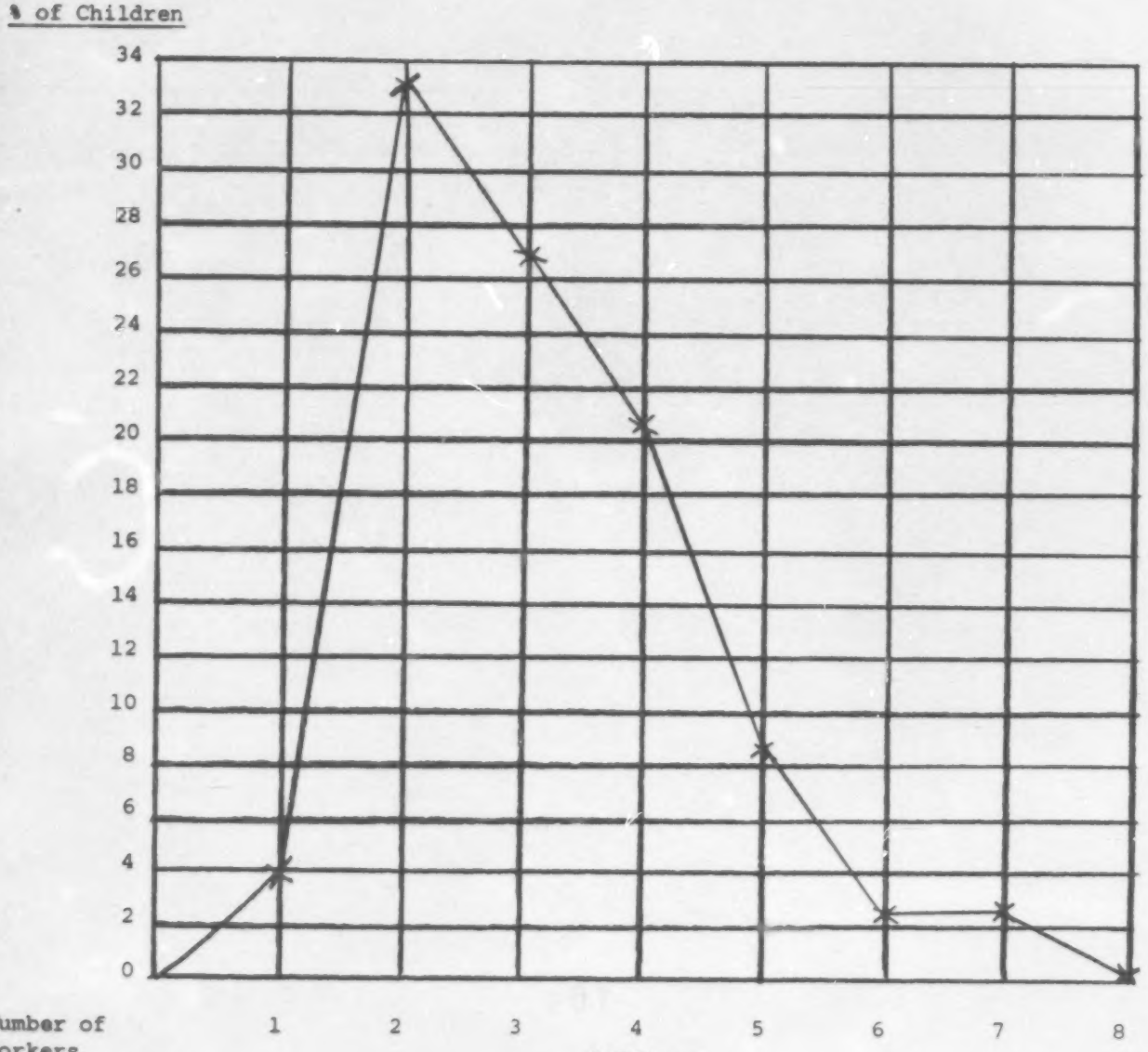
The lack of a meaningful relationship with a worker would be consistent with the attitude found to be typical of children toward their longest foster home placement. That is, they had a fairly positive feeling but were lacking a strong bond with the family. Also, we have noted earlier a lack of emotional investment on the workers' part when they so often fail to discuss the separation experience of children with them.

It seems that the number of changes may nullify the importance of the worker-child relationship, although there may be an indirect effect from the worker's encouragement of family contacts and from his skill in working with foster parents.

There was one exception to the lack of association between children's progress and conditions related to their workers. If a child had one

long-term worker, this was found to be associated with good academic progress. The average length of time for a child's longest worker to stay with him was three years. The distribution of children according to how long they had their longest worker is shown on the following graph.

Percentages of Children According to How Long They Had Their Longest Worker



This pattern incidentally underlines the instability experienced by most children in relation to their workers. When the graph is examined along with the preceding one, it appears that the experience typical for the greatest number of children was to have had one worker for about two years and six others lating lesser periods of time, not a situation which would encourage a child to look to his worker for security. The importance of having a long-term worker, however, was demonstrated by the correlation with good academic progress ($p < .01$). There were no other significant correlations with this variable aside from those related to the length of time in care. These results suggest that stability of workers is indeed important, adding emphasis to the earlier indication that a succession of short-term workers, trained or otherwise, can have little direct influence on the child's progress.

Generally speaking, the findings related to the worker-child relationship suggest that training is important to foster home stability and to maintenance of natural family ties. The actual number of worker changes did not seem to have much effect, leading to the tentative conclusion that close worker-child relationships were not being developed. When a worker did remain with a child for several years, better academic progress was found.

Socio-Economic Level of the Foster Home

The findings mentioned earlier about the socio-economic level of foster homes merit further consideration. This level was defined by the occupation of the foster father. The general public would expect to find a fairly high proportion of middle-class families among an agency's foster

homes. The agencies themselves find, however, that they cannot attract as many middle class people as they would like. The following table shows the percentages from different occupations compared to the representation of these occupations in the general population.

Table 38: Socio-Economic Level of Foster Homes.

Occupttion of Foster Father	% of Foster Homes[6]		% of Male Family Heads (Ontario)	
Skilled Worker	40.8%	Craftsmen, production processes and related workers	34.1%	46.7%
		Sales & Clerical	12.6%	
Unskilled Worker	24.6%	Service, Recreation, Transport & Communications occupations	15.7%	20.6%
		Labourers	4.9%	
Farmer	17.7%	Farmers	11.5%	
Semi-Professional, Managerial	13.8%	Managerial	13.7%	
Professional	3.1%	Professional	8.9%	
Total	100.0%	Total	100.0%	

As can be seen, the professions and skilled workers were under-represented in the foster home population, while the unskilled workers and farmers were over-represented. The findings about identification would suggest that it might be beneficial for the agency to recruit more middle-class foster homes. There were also other correlations which suggested that higher level foster homes were associated with better conditions for the child.

It was noted earlier that foster families of higher socio-economic status were associated with agency encouragement of natural family visiting, possibly because these families may feel less threatened by the natural parents than a family of lower status does. Family contacts, further, were found to be associated with fewer replacements of the child. Another variable which was associated with higher status was the "suitability" of the foster home.

"Suitability" meant generally that there were no objective signs of family problems, nor were there negative comments about the parents' functioning. The negative comments most often found were: discriminatory treatment of foster children compared to own children; rigidity or lack of attention to children; psychiatric or marital problems of foster parents; intrusion of foster parents into agency-child relationship or natural parent-child relationship. According to the above definition 37% of the homes were "unsuitable". A general review of Ontario foster homes also revealed there were many questionable homes.[7]

Defining a home as unsuitable did not necessarily mean it should not have been used, rather that it was not appropriate for the particular child. A home might be "suitable" for one child but "unsuitable" for others as shown in the following case.

> Mrs. N. had three children from one family in her home. She favoured the girl, Karen, who eventually stayed in the N. home all during her years in care. But the worker found that Mrs. N. was hostile and negative with Karen's two brothers. It became necessary to move them because they were "desperately unhappy".

The validity of "suitability" as a measure of foster homes was supported by the finding that "suitability" was associated with good social progress (p 05.). Children whose longest placement was in a "suitable" home tended to have emotional and task problems at the beginning of care (p .05) but not at the end. The tendency for foster homes of a higher socio-economic level to be "suitable" thus increased the changes that children in these homes would make good social progress.

When the child's longest placement was in a home of higher socio-economic status, there was also a tendency for him to make better academic progress. This association was not found in the correlation of variables, but did show up in a crosstabulation of socio-economic status and academic progress. There was a Chi-square of 146.5 with 80 degrees freedom, s gnificant at the .001 level. This is an understandable association, as foster homes of higher socio-economic levels would probably encourage a child in his academic efforts and provide the kind of atmosphere conducive to progress.

In summary, the goal of recruiting foster parents from higher socio-economic levels appears to be supported by several of the findings. These parents were associated with encouragement of family visits, with greater suitability, with positive identification on the part of the child, and with good academic progress.

Most of the points discussed in the last three chapters have been aspects of in-care treatment. This information was collected as a control factor and was secondary in nature. The original goal was to discover pre-care characteristics which would be valuable in predicting outcome

of children permanently separated from their parents. Thus the conclusions which follow will focus on this aspect of the results, with consideration given to only the in-care variables which showed greatest association with progress.

FOOTNOTES

1. Meier, "Current Circumstances of Former Foster Children", Child Welfare (April 1965), p. 205.

2. Treen, op. cit., p. 26.

3. Op. cit., p. 17.

4. Minde et al., op. cit., p. 11.

5. Pollock, op. cit., p. 89.

6. The foster homes where the occupation was unknown are excluded (14.5% of the total) as are institutional placements (20.5% of the total).

7. Treen, op. cit., asked agencies if a minimum of 50% of their foster parents would qualify as adoptive applicants and most agencies said they would not, op. cit., p. i-ii.

PART 4: CONCLUSIONS

This is basically an exploratory study. On a few points, mentioned below, it serves to confirm the findings of other researchers but it has a different orientation from prior studies. The measurement of progress by comparing adjustment at the beginning and end of care is the most significant difference. The finding that the total group of children has almost the same percentage of problems at the end of care as at the beginning, except for some lessening of behaviour problems, cannot really be compared to the results of other researchers. Their measures tended to be absolute rather than related to the child's starting point. For example, a child with problems who remained the same from beginning to end was considered unsuccessful by other researchers; in this study he was given the same score as a child with no problems who did not change.

As mentioned, some of the findings are in accord with the research done by others relating the outcome of long-term care to the previous circumstances of the child. For example, the indication that age at separation is not a factor in the adjustment of children beyond the infant stage was once again confirmed. Other findings tended to support one side on a point where the research had not been conclusive. For example, the sex of the child did not appear to be significant in affecting the outcome of long-term care. In other areas, new associations are suggested by the data, the most important of which are summed up below.

The findings which seem to be of the greatest interest, although tentative, are in two areas. First, there are a few identifiable characteristics of the child coming into long-term care which are

associated with good progress. Second, there is the indication that children who are able to make a positive identification with a foster family have the best chance of benefiting from their time in care; the conditions associated with such an identification are also interesting.

Children Who Progressed Well

The children who appeared to benefit most from long-term agency care were those who had behaviour problems at the outset, those with lower intelligence and those who had been emotionally rejected by their families.

Children with behaviour problems create initial difficulties for social workers and foster parents. These difficulties are likely to receive effective handling, however, with the co-operative efforts of a knowledgeable agency and an experienced foster parent. Children with behaviour problems seem to have the advantage that they are expressing their feelings openly, in contract to children with emotional problems, who have turned their feelings inward. Of course, many children have both, but the resources of the agency are better suited to dealing with overt problems; as the findings showed, underlying emotions were often not explored. Another advantage for children whose behaviour was difficult to control was that they tended to take some initiative in family contacts. This gave them another outlet for self-expression, as opposed to children who felt completely controlled by the agency and foster parents.

Children who were less intelligent made better progress in school in relation to their potential. They also demonstrated an ability to

perform school and job tasks equal to that of the more intelligent group who had been significantly better at the time of admission. The possible reasons for this are the greater attention received by the less intelligent child, who tends to have trouble in school. As with behaviour problems, the agency is equipped to give support in this area; extra tutoring and consultations with teachers are routinely employed. Foster parents too are usually willing and able to give the extra help required by the slow learner. On the other hand, the intelligent child who is obtaining only average grades may be overlooked. A worker who is responsbile for forty or more children is likely to give priority to those who are exhibiting delinquent behaviour or who are failing at school.

The more intelligent child is also less likely to form an identification with foster parents. He probably has a better recollection of his original family, so he cannot easily transfer his identification to a substitute family.

Another reason why the intelligent child may gain less from coming into care is that he is less helpless if left in an inadequate home--he can learn to look after himself and to avoid trouble with his parents. Social agencies all know of bright children who have, in effect, grown up in spite of their parents. In fact, they often assume some responsibility for their less adequate parents. Although this is far from ideal, it allows the child to retain close family ties and may be preferable to a substitute family with whom the relationship is positive but lacking in depth.

Emotional rejection by the natural family seems to be a poor beginning for a child coming into care. Children who experienced this did tend to have more initial problems, but they also showed significant improvement by the time of discharge. Aside from the emotional area, they had no more problems than the other children at the end of their time in care and even their emotional problems were diminished. Their academic progress was equal to that of the children who had not suffered emotional rejection.

Associated with emotional rejection were advantages in the treatment these children received which could be observed in the findings. They tended to be prepared for separation, to take the initiative in parent contacts and to receive casework help about the separation at some point during their years in care. These associations are understandable as the discussions leading to separation are likely to be more open when rejection is present. The parents are usually more accepting of the placement and able to prepare the child for it. As for caseworkers, conditions associated with rejection tend to make it easier for a worker to discuss a child's sotiation with him. In cases of emotional rejection there was a higher rate of mental ilness, physical abuse and inadequate control by parents. Although these are not pleasant, they can be talked about more readily than, for example, the parent's poor standards of care or drinking problems.

Generally the progress of children who did not fall into the above categories was not encouraging. Emotional and task problems for the total group were as prevalent at the end as the beginning of care; as

for behaviour problems, many of those who began with none had developed them by the time they left care.

The implications of this are the need for preventive casework and thorough evaluation of the decision that the child should be in care. The conditions which led to family breakdown, except for death and mental illness, might be alleviated by aggressive casework, environmental manipulation, or they might be prevented by broad community programs aimed at strengthening families. If the general public were aware of how many children come into care permanently, not due to wilful neglect but because their families have become too weak to look after them, there might be a willingness to devote more public money to prevention.

Identification with a Foster Family

Those children who were able to make a positive identification with a foster family were more likely to make progress in problem areas and to achieve their potential academically. This was the only condition (either pre-care or in-care) which was associated with good results in both these respects; generally children who had initial problems did not do well in school.

It was found that the conditions which are instinctively thought to facilitate strong identifications with a foster family were not in evidence. Children who left their own families at an early age and those who stayed a long time in one foster home showed no particular tendency to develop such an identification; nor did children who had few contacts and little identification with their natural families. The only conditions related to a positive foster family identification

were a higher socio-economic status of the foster family and fewer moves experienced by the child. The foregoing suggests that there may be an advantage to foster homes of higher socio-economic status. It also strengthens the argument that limiting the number of moves is crucial to the child's adjustment. As natural family contacts were associated with fewer moves, it would seem that workers should encourage contact instead of discouraging it as potentially disruptive to the placement. From the cases described earlier it appears that efforts to suppress a child's feelings about his family will probably be ineffective and will be resented by the child as he grows older. As the cases illustrated, children who had sufficient independence continued their relationships with family without agency sanction and others made secret plans; some children who were kept from their families for many years returned to them when they left care.

As the number of moves has been emphasized so much, some attention should be drawn again to the conditions found in association with a low number of placements. The significant findings were that the presence of a trained worker tended to limit the number of moves and that contacts with the natural family had a similar effect. Also, training and contacts were found to be correlated. Taken alone, the presence of a trained worker was not associated with better casework practices or with better progress. It seemed, however, that the greater flexibility of the trained worker resulted in the child's having more family contacts. The worker's training would be a help in gaining support for this from the foster

family and dealing with the upheavals caused by visiting. As for the beneficial effect on placement stability, child welfare theory has shown that it is only when a child has resolved his relationship with his original family that he can form an identification with a new one. Thus, the value of family contacts and qualified workers to minimize the damage to the child seems to be supported by the present findings. Certainly the importance of identification with a family is confirmed by the results.

In conclusion, a final word might be said about casework practices in relation to theory. The casework under consideration in this study occurred several years ago and we can expect that standards have since improved. Yet, it is significant that in the 1960's when much research had already been done on separation and its effects, there was so little awareness of this in the case records. According to the records, the majority of children came into care without preparation and grew to adulthood as agency wards without any record that they were being helped to work through their feelings about this. We assume that theory is being carried into practice, but the records of these children suggest that there is a gap between the idea and the action.

On the more optimistic side, the findings indicate that child welfare agencies are probably better equipped than they realize to deal with some of their most difficult problems. These are the children who act out their feelings, those who are slow learners and those who have been rejected by their parents. If there is a group which needs more attention, it is those who apparently present no problems, but who do

not live up to their intellectual potential.

The value of the foster family, the importance of natural family contacts and the fact that these are not mutually exclusive are also borne out by this study. This should be encouraging to workers; they are often inhibited about pursuing both as they assume that the child cannot resolve such conflicting loyalties.

The tentative nature of these results and the relative lack of research on children in long-term care points to the need for more studies. It is hoped that social workers in child welfare can draw useful ideas and information from this study of case records and that more will be done to fill the gaps in our knowledge.

PART 5: IMPLICATIONS FOR AGENCY PROGRAMS

The finding that children with certain characteristics do better than others in long-term care has some implications for the initial decision to admit children to care. It suggests the importance of determining a child's suitability before admission and the need for an alternative to wardship if the child appears unsuitable.

In order to determine suitability the worker must have both time and access to the child. Time depends on the attitude of the worker as well as the availability of short-term alternatives to care. The latter will be discussed under alternative to wardship. The worker's attitude is crucial to the avoidance of emergency placements. Some workers become caught up in the anxiety of parents who want their children placed immediately. Their own anxiety level rises and they feel the need to do something rather than insist that the parents take time to reconsider that often seems to be an irretrievable situation. Other workers remian calm enough to use crisis intervention methods; they intervene in the cycle of panic and despair by encouraging the parents to examine their underlying feelings and mobilizing these around constructive activity.

Sometimes crisis intervention resolves the situation requiring admission to care; if not, the worker at least has more time to assess the child's potential to use foster care positively. Then comes the question of how to approach the child for such an assessment; usually the reports of parents are neither clear nor complete, so first hand knowledge must be sought. Two of the methods which have been used by

Children's Aid Societies in Ontario are psychological testing[1] and placement of a child care worker in the home.[2] Psychological testing will indicate a child's intelligence and the presence of emotional problems, both of which aere found to be associated with progress in care. Child care workers in the home have been used mainly as a treatment measure to teach parents how to handle difficult children. This can also be a valuable diagnostic tool in identifying behaviour problems which may be amenable to foster parents intervention if the natural family cannot be strengthened.

If a child appears not to be good candidate for foster care, as in this study did those with high intelligence, and those exhibiting no behaviour problems, alternatives to care need to be available. They are also needed, as mentioned above, to give the worker time. Some agencies have adopted imaginative programs to give short-term substitute care. One way is to keep homemakers on a retainer to move into a home when children are left alone. Another approach is to use neighbours for short-term care arranged through a system of volunteers from the family's own community and paid for by the agency.[3] A longer-term plan (lasting up to several months) has been developed elsewhere using foster day care.[4] This is arranged in the child's own neighbourhood and provides all-day care, including three meals, for all the children in a family but allows the parents to retain responsibility for them at night and on weekends. Such a plan maintains the family's unity while providing strong support for parents who are in a crisis.

A long-term approach to children who are not good candidates for agency wardship will have its focus on the natural family rather than

substitute care. Some of the programs which have been instituted by individual agencies include volunteer family advocates, teaching homemakers, tutoring for children, mothers' groups, early casefinding by community workers, family planning and life skills education. An example of one agency with an extensive program of this kind is the Kawartha-Haliburton C.A.S.[5]

There will always be some children for whom guardianship must be transfereed away from their original families. But the recognition that some prognosis of results is possible should add to our efforts to find alternatives for those whose prognosis is not as good.

The findings relating outcome to treatment in long-term care also have implications for agency practice. The most pertinent findings related to the omission of preparation and follow-up casework around separation and the greater stability of placement when a trained worker was involved and when natural family contact was maintained.

Preparation of the child for separation depends very much upon the time available and the anxiety level of the worker. Some of the alternatives to emergency placement mentioned above can provide the necessary time. As for resolving the worker's subjective feelings to the point of being able to work with the child's anxiety, the indications are that much more in-service training is needed. Professionally trained workers apparently did no better than others in dealing with separation.

At present, most agencies depend upon one-to-one supervision to impart to workers the knowledge, skills and attitudes they need to deal with child placement. In the author's experience, this is not an

effective method. The close, constant supervisory relationship arouses the worker's feelings about authority; it is often perceived as threatening or else rejected by the worker as being of little value. In such a relationship it is difficult for the worker to reveal his fears and antipathy to participating in separation.

Much better results were achieved, in the author's experience, by staff development programs in which workers were able to share their feelings in a group atmosphere, aided by films, role-playing and recollection of their own past experiences. Changes in attitudes and practice resulted from this approach, particularly if foster parents were included or given a training program at the same time. One C.A.S. which has had an ongoing staff development program for many years also has a low proportion of placement changes for children in care compared to other agencies.[6]

The opportunities for staff development have been constantly increasing over the past few years. The new B.S.W. programs provide a new source of professional social workers and the community college courses have made available for the first time trained social work assistants or case-aides. The agencies themselves have shown initiative in organizing foster parent training and in the mini-courses available at C.A.S. Conferences. Too often, however, an ongoing staff development program depends on the particular interest of one staff member, usually the director, or upon the avilability of a good training person in the community. Because of staff turnover, training must be provided on a fairly continuous basis. Reliance on traditional supervision to prepare

non-professional workers to support foster placements and reliance on professional training to prepare workers to deal with separation does not seem to be enough, if the findings of this study are valid.

The conditions which were associated with placement stability could also be affected by in-service training. If professional workers have a better record of avoiding replacements, then non-professional workers need to be given the training essential for the to do a similar job. It is probable that foster parents do not get the support they need from untrained workers because these workers lack confidence. Without a degree or a formal course, they are likely to feel that the foster parent knows as much or more than they do and this will be communicated when the foster parent places demands on them. For a similar reason, untrained workers are likely to avoid parental contacts. They may subscribe to the theory that visiting is important but they are discouraged by a negative or ambivalent attitude on the part of foster parents. This is because of uncertainty about their own knowledge and their ability to handle conflict over visiting.

Workers are also discouraged by apparent lack of interest from the child and they lack skill in uncovering the real feelings beneath the child's defenses. Routine projective testing of children in long-term care would be a valuable aid to all workers in giving then an additional perspective on the children for whom they are responsible With some objective evidence of the child's feelings they would not have such a strong need for explicit statements from the child about his family before encouraging visits.

It is also suggested that agencies approach children in care with the assumption that they have feelings to resolve about their families. A routine check should be made as to whether discussion about the separation has taken place, with each new worker assigned to a child. Until this has been done, the worker-child relationship cannot be really open, as they are avoiding the basis issue which brings them together.

A vigorous and continuous staff education program, combined with the use of projective testing and monitoring of the casework being done should result in a more responsive approach to children in long-term care. This in turn should reduce the number of placement changes and result in better progress.

As indicated, there are some innovative programs now in operation and particular agencies have given sustained attention to staff and foster parent education; but the total picture in Ontario is uneven. It is to be hoped that the strong desire to be effective with children and families, which has always been a hallmark of child caring agencies, will increasingly find expression in programs such as those described above.

FOOTNOTES

1. Intelligence testing is common practice but is usually not done until the child is already in care. Projective tests to examine underlying feelings have been suggested by Dr. Paul Steinhauer, Consultant Psychiatrist, C.A.S. of Halton County.

2. Panel Discussion "Everything a Child Care Worker Could Always Do-- But Was Never Asked" (Metro Toronto C.A.S.), Annual Conference O.A.C.A.S., May, 1974.

3. Barr, "'Doing Prevention' in Regent Park", O.A.C.A.S. Journal (October 1971), pp. 8-13.

4. Pavelson, "Foster Daycare: An Alternative to Admission", O.A.C.A.S. Journal (February 1974), pp. 1-4.

5. Dove, "Bringing About Preventive Programs", O.A.C.A.S. Journal, (February 1974), pp. 1-4.

6. From discussion with Dr. Paul Steinhauer, Consultant Psychiatrist for C.A.S. of Halton County, July 1974.

APPENDIX A

CONDITIONS FOR INCLUSION OF CASES IN RESEARCH ON "DECISION TO SEPARATE CHILDREN....."

1. Child in care at least 5 years - can be interrupted by return home after one year of continuous placement with agency but total period in care must be 5 years.

2. Child at least 3 years at time of the above admission.

3. Child reached 18 years at time of discharge.

4. Child not from one of the following cultural groups: Negro, Oriental, N. American Indian. Check with Project Director if questions about groups not mentioned. Criterion is how integrated the family is with N. American culture.

5. Child not retarded enough to require institutionalization.

6. Total case history is in Toronto agency (as opposed to child coming into care elsewhere or completing wardship with another C.A.S.). Child who becomes ward of training school can be used.

7. Parents file has enough information to answer 12/17 parts in Section A of Code Guide - if uncertain, readers will have to determine this.

APPENDIX B

READING SCHEDULE FOR DECISION TO SEPARATE

CHILDREN FROM THEIR NATURAL FAMILIES

A. Pre-Care Factors

1. Death of parent(s) before long-term admission of child

Both.....1

One Only.....2

Neither.....3

---

2. Mental illness of parent(s)

Not recorded.....1

One only.....2

Both.....3

---

3. Economic deprivation for total family

Not recorded.....1

Yes.....2

---

4. Known placements of child by parents prior to long-term admission (other than holidays and hospitalization of parent or child.

Number [ ]

---

5. Emotional rejection of child by at least one parent before long-term admission

Not recorded.....1

Yes.....2

---

6. Desertion by parents

Not recorded...-....1

One deserted.....2

Both deserted.....3

7. Parental support of child at the point of long term admission (give priority from last to first)

Child requested own placement (this category excludes all others).....1

Full (including preplacement visits).....2

Partial support (preparation of child by parent).....3

No preparation recorded but no active opposition from parent.....4

Abrupt separation (no opportunity for preparation by parent).....5

Active opposition by parent.....6

---

8. Usual physical care of child

No Indadquacies reported.....1

Marginal.....2

Inadequate.....3

---

9. Parental control over child

No problems recorded.....1

Inadequate.....2

---

10. Physical abuse of child

Not recorded.....1

Yes.....2

---

11. Sexual abuse of child

Not recorded.....1

Yes.....2

---

12. Marriage problems of parents when child was with them

None recorded.....1

Some problems but family intact.....2

Parents separated but no other unions formed.....3

One parent in another union.....4

Both parents in other unions.....5

---

13. Drinking problems of parents

None recorded.....1

One parent only.....2

Both parents.....3

---

14. Socially deviant behaviour of parents (excluding drinking)

Not recorded.....1

One parent only.....2

Both parents.....3

---

15. Age (closest number of years) at long term admission.....

---

16. Sex

Female.....1

Male.....2

---

17. Child's status in natural family

Natural child of both parents.....1

Natural child of only one parent.....2

Adopted.....3

B. In-Care Factors

Factors Related to Natural Famil,

1. Placements

Number of years in care (closest year)..... [ ]

Number of different placements (from beginning of long-term admission defined in A4.) ..... [ ]

Longest continuous placement (closest year)... [ ]

Location and socio-economic status of longest placement [ ]

---

2. Worker Changes

Length of longest continual worker (to closest year)..... [ ]

Number of workers who had contact with the child..... [ ]

---

3. Training of Workers in Contact with Child During First Half of Placement

Child had at least one graduate social worker (B.S.W. plus).....1

Child had no graduate social worker.....2

---

4. Child's Control of Contact with Natural Family (in 1st Year Following Admission

Child apparently initiated some contacts (excludes other items).....1

No contacts initiated by child.....2

---

5. Frequency of Contacts (in 1st year Following Admission)

Contacts frequent (10 or more).....1

Contacts less frequent (5-9).....2

Contacts infrequent (2-4).....3

Contacts rate (once only).....4

No contact mentioned.....5

6. Child's Feelings of Identification with Natural Family at Discharge

Positive.....1

Less Positive..... 2

Confused.....3

Weak.....4

Negative.....5

Cannot be assessed.....0

---

7. Child's Feelings of Identification with Foster Family at Discharge

Positive.....1

Less Positive.....2

Confused.....3

Weak.....4

Negative.....5

Cannot be assessed.....0

---

8. Placement with Siblings

Yes (for at least six months of wardship).....1

Not recorded.....2

---

9. F.P.'s are Relatives (persons already identified as N.F. should not be counted as F.P.'s.)

Yes (for at least six months of wardship).....1

Not recorded.....2

D. Agency Encouragement of Contact with N.F. During First Year After Admission

Definite.....1

Less Definite.....2

Absent.....3

Some discouragement.....4

Definite discouragement..... 5

Discouragement by F.P.'s.....6

Cannot be assessed.....0

---

1. Casework Help to Child During First Year of Admission of Placement About Separation from Family

Some discussion of reason for admission, for continuing in care, or child's feelings about this.....1

No discussion recorded.....2

---

2. Suitability of Longest Placement

Apparently suitable (no negative comments about placement)....1

Unsuitable (some negative comments)..2

C. Progress of Child in Care

1. Level of Formal Schooling Completed by Discharge

University.....1

Nursing.....2

Part University.....3

Grade 13.....4

Grade 12.....5

Grade 11.....6

Grade 10 (of 4 or 5 year course).....7

Grade 9 (of 4 or 5 year course).....8

Grade 10 (of a 2 year course).....9

Grade 9 (of a 2 year course).....10

Grade 8.....11

Less than Grade 8.....12

Unable to assess.....0

---

2. I.Q. Rating (average of first two tests in first year of placement, if available, if not, first test made in first half of placement.)..... [ ]

Less reliable rating..... [ ]

No rating available.....0

---

3. Behaviour Problems

(a) At beginning of wardship*

Not present.....1

Present but not serious.....2

Serious.....3

Cannot be assessed.....0

(b) At end of wardship**

Not present.....1

Present but not serious.....2

Serious.....3

Cannot be assessed.....0

*Period of.....see p. 135

** " "

4. Emotional Problems

(a) At Beginning of Wardship

Not present.....1
Present but not serious.....2
Serious.....3
Cannot be assessed.....0

(b) At End of Wardship

Not present.....1
Present but not serious.....2
Serious.....3
Cannot be assessed.....0

---

5. Problems in Task Performance

(a) At Beginning of Wardship (see definition)

Not present.....1
Present but not serious.....2
Serious.....3
Cannot be assessed.....0

(b) At End of Wardship

Not present.....1
Present but not serious.....2
Serious.....3
Cannot be assessed.....0

* Period of 1 year from six months before placement to six months after placement.

** Period of final year in care.

APPENDIX C

DEFINITIONS

A. DEFINITIONS FOR PRE-CARE FACTORS

1. Parents - Those people who have carried main care and responsibility during the child's life - not always natural parents - e.g. unmarried mother or adoptive parents. For "long-term admission" see 4.

2. Mental Illness - hospitalized for psychiatric treatment or diagnosed mentally ill by a doctor at some time after child's birth (symptoms shown before child's admission).

3. Economic Deprivation - dependency or periodic dependency on public assistance, or private charity, economic crises (e.g. out of food, utilities turned off, no accommodation, lack of necessities, furniture repossessed.)

4. Known Placements - Include here any admission to C.A.S. prior to "long-term admission".

   "Long-term admission" - first admission to agency care + when child did not return home within one year. Please put * beside date when this began on Child Care Face Sheet. Only count each separation from parents once, i.e. don't count moves from one place to another during separation period.

5. "Definite" Emotional Rejection - record suggests parent does not like child, indication of prejudice against child. Do not use unsupported statement of worker but can use statements of parent or child. Do not count general rejection of responsibility.

6. Desertion - absence from family home with apparent intention to stay away indefinitely and voluntarily - other absences are included in A. 8. re: supervision.

   "Both deserted" - does not have to coincide in time.

7. "Partial support" - child prepared for separation but unclear how this done.

   "Active opposition" - need not be sustained but child must be aware of it.

8. "Inadequate" physical care (mark "inadequate" if case fits description in one of following areas).

   Food - children hungry or reported hungry, malnourished, absence of regular meals, marked absence of food on hand.

   Clothing - Children noted as poorly clothed by school or worker, insufficient clothing for weather.

   House - described as very dirty, lacking necessary furniture or utilities, infested with insects, inadequate space.

   Medical Care - Medical attention needed and not received.

Cleanliness of Children - children described as very dirty, children's cleanliness noted by school as markedly below standard, children urinate outside.

Supervision and attention to well-being of children - use of child under 12 to babysit regularly, children under 10 left alone, child kept out of school to babysit, record states inadequate supervision, child getting insufficient sleep.

"Marginal" - physical conditions indicated less than satisfactory but not as extreme as above descriptions.

"Adequate" - no problems recorded.

9. "Inadequate" Parental Control - parents say they can't handle child, record notes they can't handle child, parents cover up for child's behaviour (e.g. pays for stealing), child's behaviour a problem outside the home.

10. Physical Abuse - hospitalization required to unexplained injuries, suspicion of physical abuse recorded, child complained of beatings; beatings may be by non-parent if child not protected by parent.

11. Sexual Abuse - child sexually involved (must go beyond an approach) with older person in child's own home.

12. "Some problems but family intact" - intact at least until death of one parent (i.e. child exposed to some marriage problems).

"Parents separated" - living apart at time of child's admission with no definite plan to continue marriage.

13. Drinking Problem - indicated as a problem in record even if infirmation given is "hearsay".

14. Socially Deviant Behaviour - promiscuity, sexual perversion, criminal activity, chronic assault indicated as problem in record even if information given is "hearsay".

17. "Natural child of both parents" - parents are the primary father and mother figures in child's life before admission to care. Status shown on birth verification at back of Child Care Folder - is missing, check Face Sheet at front of Child Protection folder. Count child born out of wedlock as "natural child of both parents" if mother forms a union with the man she says is the father.

+ "Agency care" may be placement with relatives if this is planned by the agency, or placement in a non-agency institution if child moves from there to C.A.S. CARE, but count # workers and # visits beginning with time in C.A.S.

B. DEFINITIONS FOR IN-CARE FACTORS

Factors Related to Casework

1. Placements - Begin with first admission as per A. (4) See face sheet, fill in face sheet from record if incomplete.

   - "Different" placements does not include moves with foster family from one location to another; changes within an institution e.g. to after-care group home of same institution; commercial boarding homes (i.e. homes where child moves on own initiative); hospitalization.

   - "Longest continuous placement" - for an interrupted placement, the total time spent there can be counted if child in institution but holidays in foster home, count foster home for total time. N.B. 1st reader put L in pencil beside longest placement on face sheet, 2nd reader check for error.

   - Location and socio-economic status of longest placement

   (1) Institution
   (2) Professional
   (3) Semi-professional (urban)
   (4) Skilled (urban)
   (5) Unskilled (urban)
   (6) Farmer
   (7) Semi-professional (rural)
   (8) Skilled (rural)
   (9) Unskilled (rural)
   (0) Not known

2. Worker Changes - Begin with first admission as per A. (4)

   London readers see face sheet. fill in face sheet from record if incomplete, giving name of each worker and date of taking on case. List of workers (appended) will show when change of surname indicates worker was married, rather than change in workers.

   Toronto readers: make list of workers (and date of beginning) from recording.

   Do not count a worker involved in formal admission or discharge of child who may have done recording, but was not the child's worker, (i.e. no significant contact); do not count worker who did not see child.

   - Length of longest continual worker - if interrupted, still add up total time. If child transferred to another agency and information lacking, count this as one worker.

3. Training of Workers - London readers: Check names of workers with list appended.
   - Toronto readers: Write workers names in margin for later checking.

4. Natural Family - parents as defined in A-1.

Child initiated Contacts - assume this if there were contacts without any indication of agency planning or child went alone for visits.

5. Computing visits - for longer visits, each week counts as one. Don't count visit at Court, if child visits freely count as "frequent".

6. & 7. Identification - feeling of belonging, affectionate bonds. Use last information for N.F. available in file. Use F.F. about whom feelings seem to be the strongest. If child feels differently about mother and father, use whichever feeling is best.

Positive - definite feelings of belonging or affection expressed.

Less Positive - good attitude toward family, but not strong bond with them.

Confused - child uncertain, conflicting feelings for natural family, child rejected by them.

Weak - not much sense of belonging or affection, no mention of family by child.

Negative - definite feelings of antagonism or rejection; can't get along with them when living with them.
- Cannot be assessed, no information or no parental figures exist.

10. Agency Attitude to Contacts - Judge by agency's actions rather than worker's recorded attitudes.

Priority goes from last to first - e.g. if agency shows discouragement at one point and encouragement at another, discouragement takes priority.

"Definite" - agency took initiative, (no record of any requests)

"Less Definite" - contacts arranged but not initiated by agency.

"Absent" - agency gave no encouragement to contacts, no mention of contacts.

"Some discouragement" - agency expressed some negative views of contact.

"Definite discouragement" - agency refused contact.

Discouragement by F.P.'s - F.P. 's expressed some negative views of contact (aside from having their home used).

12. Negative comments - Examples:

- Mention of rigidity, lack of attention or stimulation in home.

- Discrimination against foster children reported by worker or other adult who has no apparent bias against foster parent (don't count unconfirmed

reports of foster child of N.F.

- F.P. (s) recorded as seeking psychiatric help or separating (not necessarily during child's stay)

- F.P. 's inhibited worker-child relationship (openly disagreed with agency, discouraged w. -ker from seeing child alone)

- F.P.'s inhibited child's relationship with N.F.

C. DEFINITIONS FOR PROGRESS

1. Level of School Completed by Discharge - Include courses such as Community College completed after basic schooling by moving 1 level on scale for each unit to closest year (e.g. Grade 11 + 6 months hairdressing course becomes 5 instead of 6).

   University - include Ryerson Institute

   "Unable to assess" - elementary school classes for slow learners (may be called intermediate, opportunity, etc.), special school for handicapped, ungraded classes in an institutional placement.

2. I.Q. Rating - Use Full Scale score rather than Verbal or Performance scores.

   Less Reliable Rating - test mdde in 2nd half of placement, tester said score was not tru indication of ability. If organic defect mentioned, score is still a true indicator of capabilities so put under previous category.

3. Behavioural Problems - Don't count typical behaviour of age (e.g. moderate teenage rebellion); obvious reactions to admission to care (e.g. initial resentment and defiance related to separation from N.F.) which improve during 6 months after admission. N.B. categories mutually exclusive, with priority going from last to first.

   "Serious" - chronic fighting, destructiveness, defiance of authority, dishonesty (chronic lying, stealing), truancy, deviant sexual behaviour with others (including promiscuity), delinquent activity, generally described as "very difficult to control", "very hard to handle" "very disobedient", etc.

   "Present but not a serious problem" - any behaviour described under "Serious" demonstrated in a limited or occasional form, generally described as "difficult to control", "hard to handle", "disobedient", "mischievous", etc.

4. Emotional Problems - Don't count obvious reactions to admission to care which improve during 6 months following admission.
   N.B. categories mutually exclusive with priority going from last to first.

   "Serious" - described by professional person (social worker, psychologist, psychiatrist) as emotionally disturbed, hospitalization or institutional placement required for emotional reasons, uncontrollable anger, extreme mood swings, depression masochistic or sadistic tendencies (includes self-destructive behaviour, agression with weaker children or animals), very poor self-image, marked fantasy life.

   "Present but not a serious problem" - any behaviour described under "Serious" demonstrated in a limited or occasional form, symptoms of anxiety (psychosomatic symptoms, poor control of elimination, abnormal eating and sleeping habits, marked masturbation, attention-getting behaviour, inappropriate dependence on adults or older siblings, e.g. not inappropriate for pre-schooler to be quite dependent), fears which interfere with normal functioning, generally described as "moody", "nervous", "immature", "insecure", "unhappy", hospitalization as in "Serious' but after discharge.

5. Problems in Task Performance - Tasks include school and jobs. Use first year in school after admission to assess this (e.g. if child admitted at age 3, use information on task performance from first year in school at age 5 or 6.)

"Serious" - in School - working far below ability, little or no effort put forth.

- in job - irregular in attendance, cannot hold job, unable to accept supervision, frequent job moves (minimum of 4 in last year of wardship), little effort to find work.

- Other Responsibilities - very irresponsible with car, finances, etc.

"Present but not a serious problem"-

- in School - not working up to ability, does not concentrate, lacks persistence in attendance or performance.

- in Job - complains about treatment by employers, difficulty in managing finances, difficulty with other responsibilities (e.g. car accidents).

APPENDIX D

ACADEMIC PROGRESS SCORE (VARIABLE 34)

CODE FOR GRADE LEVEL ACHIEVED

I.Q. RANGE	0 Can't Rate	12&11 Less Than Grade 8	10&9 Grade 9&10 (2 yr. course)	8 Grade 9	7 Grade 10	6 Grade 11	5 Grade 12	4 Grade 13	3 Part Univ.	2 Nursing	1 Univ. Grad.
80 & under	5	6	7	8	9	10	11	12			
81 - 90	4	5	6	7	8	9	10	11	12		
91 - 100	3	4	5	6	7	8	9	10	11	12	
101 - 110	2	3	4	5	6	7	8	9	10	11	12
111 - 120	1	2	3	4	5	6	7	8	9	10	11
121 - 130		1	2	3	4	5	6	7	8	9	10
Over 130			1	2	3	4	5	6	7	8	9

APPENDIX E

SALIENT ROTATED FACTOR LOADINGS FOR PRE-CARE, IN-CARE, AND OUTCOME VARIABLES

PRE-CARE FACTORS

1. Reason for Admission

Absence of Economic Deprivation (.75)

Adequate Care by Parents (.61)

Not Natural Child of Both Parents (.59)

2. Family Breakdown

Marriage Problems (.83)

Desertion (.78)

Parents Alive (.69)

3. Parents Unable to Control Child

Inadequate Control (.73)

Non-Academic Progress (.67)

Emotional Rejection (.50)

Physical Abuse (.43)

Child Initiated Visiting (.39)

Not Placed with Siblings (.27)

4. Age at Admission

Child Older (.86)

Fewer Workers (.83)

No Long Placement (.50)

Identification with Natural Parents (.30)

5. Abuse of Child by Parents

Sexual Abuse (.74)

Physical Abuse (.54)

Child is female (.53)

6. Parental Support at Admission

Parental Support (.81)

Adequate Care (.56)

No Parental Drinking Problems (.42)

Emotional Rejection (.37)

No Socially Deviant Behaviour by Parents (.34)

7. Prior Placements

Prior Placement (.64)

Drinking Problems of Parents (.63)

IN-CARE VARIABLES

1. Casework Help to Child about Separation

Casework Help Given (.77)

Mental Illness of Parent (.63)

Child Initiated Visiting (.54)

Contact with Natural Parents (.43)

2. Stability

Child had a Long-Term Worker (.83)

Child had a Long-Term Foster Home (.54)

3. Worker's Training

Worker Had Training (.73)

Low Number of Placements (.49)

High Contacts with Natural Parents In First Year (.44)

4. Foster Home Characteristics

Unsuitable (.76)

Low Socio-Economic Status (.39)

OUTCOME VARIABLES

1. Good Outcome

No Task Problems at End (.84)

No Behaviour Problems at End (.82)

No Emotional Problems at End (.77)

Identification with Foster Family (.54)

Good Academic Progress (.53)

Few Placements (.40)

Child a Female (.33)

DECISION TO SEPARATE CHILDREN FROM THEIR NATURAL PARENTS

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